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Contents

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ARTICLE

Pharmacy and migration: James Butler Swann (1834-1901) and his three sons in New Zealand, Fiji and Samoa 1862-1936

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Abstract

From the 1850s onwards, substantial numbers of pharmacists left Britain in search of adventure and fortune. One such was James Butler Swann; in 1862 he uprooted his family from a settled life in Leicestershire to join a new Anglican community in New Zealand. After five years the family migrated again to Fiji, attracted by the greater prospects of cotton cultivation; but the project failed and Swann bought a pharmacy. Over the following years his first son established a pharmacy on a neighbouring island, his second son established one in Samoa, and his third son took over his father's business on Fiji. This article describes the rapidly shifting social, economic and political background against which British migrant pharmacists established businesses overseas at this time.

Introduction

One of the consequences of the rapid expansion of the British Empire during the second half of the nineteenth century was an increase in the numbers of Britons travelling overseas to run the empire and to serve the needs of the ex-patriots and others who did so. The growth of empire also promoted in at least some of the population the desire to travel, the lure of excitement and adventure, and the prospect of making their fortunes. But people also migrated for more patriotic or altruistic reasons, to serve their country, to work as missionaries, or to be part of shared religious communities. All migrants had to weigh up the 'pull' as well as the 'push' factors before settling on such momentous decisions as where to migrate to and when.[1]

The expansion of empire created a growing demand for medical services, and migration embraced a great many health care practitioners, including doctors, nurses, and chemists and druggists.[2] With the growth of expatriate communities around the world, the demand for medicines of all kinds vastly expanded, although in most places it was also largely unregulated until such time as state intervention was deemed necessary. The opportunities for the sale of medicines, whether counter prescribed or proprietary, were huge, and along with the sale of a wide range of other commodities, many pharmacists saw great opportunities not only for adventure but also for personal enrichment.[3]

Young British pharmacists were clearly caught up in a national mood that encouraged travel abroad, valued overseas experience, and promoted the opportunities for enrichment. With the start of the British Raj in India in 1857 a substantial number headed east, particularly after the opening of the Suez Canal in 1869, which reduced the journey time to three weeks.[4] Some continued eastwards to Singapore[5] and Hong Kong,[6] with some making it as far as China.[7] But many of these individuals made regular return trips to Great Britain, and eventually returned there having made their fortunes.

In addition, substantial numbers migrated to British Dominions including Canada,[8] Australia[9] and New Zealand,[10] whilst others headed to South Africa[11] and to other parts of Africa. Such migrants were much more likely to become permanent citizens of the colony or territory than those who went to India or south east Asia. Still others ventured only as far as Mediterranean islands such as Malta and Cyprus, or spent only their winters overseas, such as those wintering on the French Riviera.[12]

In Britain itself, pharmacy was undergoing profound change during this time.[13] The Pharmaceutical Society of Great Britain had been founded in 1841; a register of pharmaceutical chemists was established in 1852, and in 1868 a separate register was created for chemists and druggists who had passed the Minor examination. These rapid changes in the status and qualifications of pharmacists roughly coincided with the rapid expansion of the British Empire.

Those who left Britain were usually young single men in search of adventure and fortune. But there were exceptions who made remarkable journeys with young families; and only a small proportion of these migrated a second or even third time. They included James Butler Swann, who took his family from a settled and prosperous village life in Leicestershire to a remote area of New Zealand. Along with three of his sons, Swann came to have an important role in shaping pharmacy in both Fiji and Samoa. But what motivated such long-distance migration? What caused the family to migrate a second time? And how did they fare once they arrived at their destinations? This article explores the reasons for the choices they made, and retraces their journeys and lives in the South Pacific.

The father: James Butler Swann (1834-1901)

James Butler Swann was born on 18 February 1834 in the village of Carlton-le-Moorland in Lincolnshire, England, to a prosperous local family. His father, who was born on 1 October 1798 and also christened James Butler Swann, seems to have been a man of independ-

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Figure 1. *James Butler Swann (1834-1901). (Source: Chemist and Druggist. 7 September 1901: 59; 405).*

ent means. His grandfather, John Swann, who had been born in Brant Broughton in Lincolnshire in 1752, was the vicar in Carlton-le-Moorland, a few miles north of Brant Broughton. John Swann and his wife had seven children, the second of whom was John Butler Swann. John Swann died on 19 January 1827 in Brant Broughton aged 75, before James Butler Swann junior, his grandson, was born.[14]

Local records indicate that at the age of 57, in 1855, James Butler Swann senior was a well-established local land and property owner. The Record of Persons Entitled to Vote at an Election in the Parish of Carlton-le-Moorland indicates that his 'place of abode' was Heapham, a village in the West Lindsey district of Lincolnshire, England, five miles south-east from Gainsborough. The 'nature of his qualification' to vote was his 'ownership of freehold and copyhold houses and land'; his tenants were listed as 'William Theaker and others'. But in 1858, at the age of 60, he sold his properties to the Willoughby family, headed by the Lords Middleton of Wollaton Hall, Nottinghamshire, and Middleton Hall, Warwickshire. He died on 4 April 1875 aged 76.[15]

James Butler Swann senior and his wife, Anne Clover (born 3 December 1811), had ten children, and James Butler Swann junior was their eldest son.[16] After serving his apprenticeship in Lincolnshire, probably with a local pharmaceutical chemist, he qualified as a chemist and druggist around 1855 at the age of 21, having completed a five-year apprenticeship. He then went into business locally 'on his own account',[17] moving to Bourne in Lincolnshire, about 30 miles south of Carlton-le-Moorland. There he remained for the next seven years, where he was described as a 'prosperous chemist'.[18]

At the age of 22 James Butler Swann married Margaret White from Stamford in the south of Lincolnshire, on 22 June 1856. The couple had eight children: the first was Arthur James Swann (born 7 July 1857); he was closely followed by William John Swann (born 3 January 1859), and then by Mary Angela Swann (born 25 January 1860), in Bourne. A third son, Joseph Ignatius Swann (born 12 February 1861) did not survive early childhood. The couple went on to have four more children after migration; two sons in New Zealand and two daughters in Fiji.[19]

Table 1. *The household of James Butler Swann in 1861 (Source: 1861 Census for England)*

Residing at 29 West Street, Corby, Bourne, Lincs:	**Position**	**Age**	**Occupation**
James B. Swann	head	27	chemist & druggist
Margaret Swann	wife	26	
Arthur Swann	son	3	scholar
William Swann	son	2	
Mary Swann	daughter	1	
Joseph Swann	son	2m	
Robert Kidd	apprentice	15	druggist
Henry Swann	visitor	16	
Esther Paling	servant	17	house servant
Rachel Ellis	servant	13	nurse maid

The call of New Zealand: The Canterbury Association

By 1861 James Butler Swann thus had what appeared to be a settled and comfortable life; he and his wife employed two servants, and he had a young apprentice druggist who lived with them (Table 1). Yet in 1862, with a wife and three young children to support, he set off with his family to Christchurch in the South Island of New Zealand to start a new life. Exactly what prompted them to make such a momentous move is not entirely clear, although tales about the prospects for the new colony in New Zealand were circulating in Great Britain at the time.

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Britain had annexed New Zealand following the signing of the Treaty of Waitangi on 6 February 1840.[20] In the late 1830s the early British colonists were pressuring the Crown to establish a colony in New Zealand, and at the same time a number of Maori leaders were petitioning the British for protection against French forces.[21] The first organised group of immigrants arrived in early 1840, and within a few months a thousand people had arrived, forming a settlement that was to become Wellington, at the southern tip of the North Island.[22]

Over the next eleven years, between 1840 and 1851, ships continued to bring settlers to the new country, with new settlements being established at Auckland, New Plymouth and Wanganui in the North Island, and Nelson, Dunedin and Christchurch on the South Island. Christchurch was the main city in the Canterbury region. In 1852 a New Zealand Constitution Act established six provincial governments with settler assemblies; three were on the North Island and three on the South Island; these were at Canterbury, Nelson and Otogo.[23]

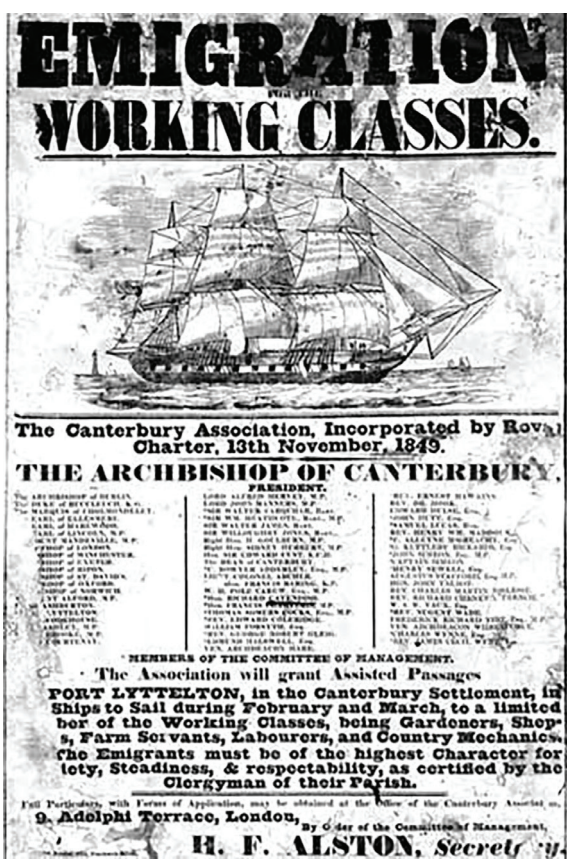
The Swann family were drawn to a small community called Kaiapoi located about 17 kilometres north of central Christchurch, and close to the mouth of the Waimakariri River. Close ties existed between the Church of England, this part of New Zealand, and eastern England. Christchurch and Lyttleton in the region of Canterbury had been founded by Anglican settlers of the Canterbury Association twelve years earlier, in 1850.[24] Twelve shiploads of settlers were planned, and the first four ships departed in September 1850. There were 773 colonists, ranging from aristocrats and Oxford graduates, to barbers and bricklayers, and shopkeepers and shepherds. After the farewell banquet to these 'Canterbury Pilgrims,' as they became known, a reporter from *The Times* wrote that 'a slice of England, cut from top to bottom, was despatched to the Antipodes'.[25]

The Association had been founded in London in March 1848, and was incorporated by Royal Charter in November 1849. The prime movers were Edward Gibbon Wakefield (1796-1862) and John Robert Godley (1814-1861). Wakefield was heavily involved in the New Zealand Company, which had already established four colonies in New Zealand. He approached Godley to help him establish a colony sponsored by the Church of England.

The Archbishop of Canterbury, John Sumner, was the President of the Association's Management Committee, which also included several other bishops and clergy, as well as members of the peerage and Members of Parliament. At their first meeting on 27 March 1848 they decided that the settlement should be called Canterbury – after the Archbishop of Canterbury – and the seat of the settlement should be called Christchurch, after the Oxford College at which Godley had studied.

The Canterbury Association implemented the systematic colonisation ideas of Edward Wakefield. Sheep farming on Canterbury Plains, and later wheat, became economic mainstays, and Christchurch and Canterbury Province prospered.[26] The Association reflected Godley's ecclesiastical and political influence, and he – like Wakefield – distinguished sharply between colonisation and mere emigration. Canterbury was to have settlers of wealth and position, as well as assisted migrants, a balance of the sexes, and churches and schools from the outset. Its purpose was to plant overseas a society which would carry on the values of an England increasingly threatened by industrialisation and revolution at home. The prospect of a new life and greater prosperity in a Church of England community in New Zealand was clearly very attractive to James Butler Swann and his family.

The Association's plan was to purchase 300,000 acres of land for settlement by members of the Church of England, selected from all ranks of society and supported by religious and educational endowments.[27] One of the


EMIGRATION
WORKING CLASSES.

The Canterbury Association, Incorporated by Roy[illegible] Charter, 13th November, 1849.

THE ARCHBISHOP OF CANTERBURY,
PRESIDENT.

MEMBERS OF THE COMMITTEE OF MANAGEMENT.

The Association will grant Assisted Passages
PORT LYTTELTON, in the Canterbury Settlement, in Ships to Sail during February and March, to a limited ber of the Working Classes, being Gardeners, Shop[illegible]s, Farm Servants, Labourers, and Country Mechanics. The Emigrants must be of the highest Character for iety, Steadiness, & respectability, as certified by the Clergyman of their Parish.

Full Particulars, with Forms of Application, may be obtained at the Office of the Canterbury Associat[illegible]on,
9, Adelphi Terrace, London,
By Order of the Committee of Management,
H. F. ALSTON, Secret[illegible]y.

Figure 2. *Emigration for the Working Classes, 1862. (Source: http://gallery.archives.govt.nz/v/christchurch/Early+ships/images/19XX_2_952_Emigration+poster.jpg.html. Accessed 28 July 2019)*

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founding members of the Canterbury Association, who attended its first meeting, was Sir Charles Bowyer Adderley, the first Baron Norton. He was born in 1814 at Knighton House in Leicestershire, and, like Godley, attended Christ Church Oxford. Sir Charles bought a number of plots of land in New Zealand, including 100 acres in Christchurch town, and – more significantly – 150 acres at Kaiapoi. For this purchase Godley was his agent.[28]

The journey to New Zealand

Cash-strapped provincial councils on New Zealand's South Island worked very hard to recruit migrants in the 1850s and 1860s, but only Canterbury and Otago succeeded.[29] In the mid-nineteenth century the Kaiapoi area became a centre for the rapidly expanding wool export business. To encourage settlement in New Zealand the Government provided funding for an assisted passenger scheme (Figure 2). The Canterbury Association would 'grant assisted passages to a limited number of the working classes,' including shepherds, farm servants and labourers. Applicants 'must be of highest character' and 'certified by the clergyman of their Parish'.

James Butler Swann and his family travelled under this scheme on board the migrant ship *Queen of the Mersey.* This was an American ship that had been built in 1860 for Mr. H. Melvain, of Newcastle. In 1862 she was chartered for two voyages to New Zealand. On 3 July 1862 she sailed from London for Lyttelton, a port on the north shore of Lyttelton Harbour close to Christchurch, on the eastern coast of the South Island. Due to its establishment as a landing point for Christchurch-bound seafarers, Lyttelton was regarded as the 'Gateway to Canterbury' for colonial settlers.[30]

On that journey the *Queen of the Mersey* carried with her 349 Government immigrants under Captain Aitkin; the passengers listed included James Butler Swann (29), Margaret Swann (28), Arthur Swann (5), William Swann (3) and Mary Swann (2).[31] James Butler Swann was listed as a 'farm labourer' from Lincolnshire. This may have been because Swann registered as such under the assisted passenger scheme, although it was a not infrequent mis-recording of pharmacist ('farm assist').

It was a long and eventful journey round the southern tip of Africa. Ten deaths occurred – mostly children from measles – although this was rather less than some emigrant ships. On some ships burials at sea almost became routine.[32] During the passage a serious mutiny took place among some of the crew, who attempted to broach cargo and get at the spirits. After the men had been placed in irons Captain Aitkin was violently assaulted and struck by one of the sailors. On arrival five of the men were arrested and sentenced to a term of imprisonment.[33]

Arrival in Kaiapoi

The *Queen of the Mersey* arrived at Lyttelton on 19 October 1862, having made the passage in 108 days.[34] It is likely that the family would have been well prepared about what to expect when they arrived. As well as support from the Church of England they would have received much practical help from one or more of the guide books available at the time for intending migrants. These included Cooper's *The New Zealand Settlers' Guide* of 1857; Earp's 1848 *The Emigrants' Guide to New Zealand,* and Earp's *Handbook for intending emigrants to the southern settlements of New Zealand* of 1856. [35]

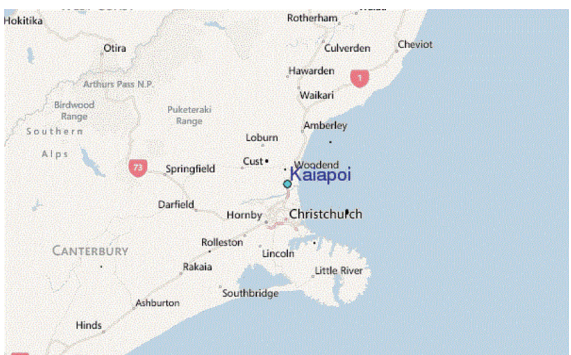

Figure 3. *Location of Kaiapoi, New Zealand. (Source: https://www.weather-forecast.com/locationmaps/Kaiapoi.8.gif. Accessed 28 July 2019)*

The Swann family arrived during the peak of migration to New Zealand. Between 1858 and 1860 20,831 arrived there; between 1861 and 1865 the figure was 93,169 (the family arrived in 1862); and between 1866 and 1870 it reduced again, to 20,536.[36] Overall, New Zealand's European population grew from 5,000 in 1841 to well over 600,000 in 1891.[37] The number settled in the Canterbury region were just 3,273 in 1851, but it had increased to 16,090 in 1861 and to 46,934 in 1871.[38]

The family appear to have proceeded immediately to Kaiapoi (Figure 3) and James Butler Swann wasted no time in setting up in business as a chemist and cordial-manufacturer.[39] An immigrant pharmacist would have needed to have both considerable capital and to take everything he would need for his business with him. Coombes has suggested that this would include all his stock, plants and fittings:

> Bottles, corks, boxes, wrapping and note paper, labels, account forms, scales, glass measures, pill machines, plaster irons, marble slabs for preparing ointment, shop fittings, leaves, roots, rhizomes, plus household and personal needs, all had to be assembled and carefully packed for a journey of over 12,000 miles by sailing ship.[40]

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Swann no doubt expected to be serving the needs of a prosperous and expanding community.[41] The most lucrative businesses in the area in the 1860s and 1870s were the raising of livestock and expanding its financing.[42] During the 1860s the colony's two main activities were wool and goldmining, although for a while supplying the British troops was a rewarding activity. Between 1861 and 1870 the number of sheep rose three and a half times, with wool exports expanding five times. In Canterbury the political and economic influence of those who owned or leased sheep farms, although probably numbering fewer than 1,000, was unrivalled. Initially, sheep farming provided seasonal jobs in wool stores, with money coming into the local economy. Flax was also an important commodity locally. It had been an important product since Cook and Banks pointed out that its fibre was useful for the making of ropes and cordage.[43] The value of flax exports reached a peak in 1831, after which it declined sharply, showing some recovery in 1834, 1836 and 1839.[44] By the 1860s it was processed commercially in only a few local communities; but in Kaiapoi a flax mill was opened in 1866, although it was soon converted for the processing of wool.[45]

The family stayed in the area for five years, until the summer of 1867. James and his wife Margaret had two more sons whilst in New Zealand: Frederick Swann, who was born in Kaiapoi on 10 October 1864, and Herbert Charles Swann, born on 14 May 1867 in Christchurch.[46]

Pharmacy practice in Kaiapoi

Swann's pharmacy business is likely to have been the only one in the town. According to his granddaughter's biographer the business thrived.[47] But Swann was by no means the first pharmacist to arrive in the Canterbury region. That honour fell to Arthur Bayfield, who had arrived aboard the *SS Randolph* in December 1850 with the first pilgrims to Canterbury, along with 'a young wife, one son and sufficient stock to open a pharmacy'.[48] He established a business in Canterbury Street, Lyttelton, and took an active part in community service. Like Swann ten years later, isolation probably limited his contact with other pharmacists, as neither of their names appear in official pharmacy records at the time. But Bayfield became an active volunteer fireman, a vestryman of the Anglican Church, a member of the Colonists' Society, and sub-postmaster to Lyttelton.[49] Retail pharmacy for pioneer migrants was a very diverse activity. A wide range of non-pharmacy products was usually necessary for survival. Different pharmacies advertised 'paints, oils, white lead, pickles, stationery, spices and curry powder, as well as tonics, blood purifiers, mixtures and packaged pills as treatment for ailments ranging from corns to dandruff'.[50] Remedies were often quoted to be to 'our own formula'. Patent medicines had to be imported and were sold at low profit margins, and pharmacists prepared, packed and promoted their own proprietaries wherever possible.

With medical doctors, dentists, opticians and veterinarians all being far fewer in number than chemists and druggists, these early pharmacists had to turn their hands to many other skills. These often included extracting teeth and sight testing, as well as providing care and treatment to cows, horses, pigs, poultry and sheep. The rising number of settlers needed roads, railways, houses and work, and labourers, craftsmen and tradesmen followed the road and rail construction. As small towns developed pharmacists moved in to serve them. The hours were long and the facilities few, but – it is claimed – the pioneer pharmacists rarely failed to get required medicines in emergencies.[51] During the 1860s and 1870s pharmacy businesses in New Zealand slowly became more secure. Shop fittings and appearance improved, and pharmacists increasingly made use of imported fittings, carboys and shop bottles. The services on offer gradually became more professional. But initially there was no professional authority regulating the practice of pharmacy. Not until 1878 did 27 chemists (nearly all those then in Canterbury) meet to agree to form a Pharmaceutical Society of New Zealand.[52] But James Butler Swann had left New Zealand for Fiji 13 years earlier, in 1867.

Tensions in New Zealand 1862-1867

What it was that finally persuaded Swann to uproot his family for a second time is not entirely clear. As with the initial move, it was most probably a combination of 'pull' and 'push' factors, both economic and political. In a small town so far from the main town of Christchurch the business may not have been as successful as he had hoped. Politically there were still rumblings from arguments over the Treaty of Waitangi in 1840, which had provided only a short-term peace. Tensions grew over disputed land purchases, resulting in a series of conflicts between the British settlers of New Zealand and various Maori opponents. These continued for over 27 years, and were known as the New Zealand or Maori Wars.[53]

Although the wars were initially localized conflicts, they escalated dramatically from 1860 as the government became convinced that it was facing united Maori resistance to further land sales and a refusal to acknowledge Crown sovereignty. The colonial government summoned thousands of British troops to mount major campaigns to overpower the Maori

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King, and to acquire farming and residential land for British settlers. At the peak of hostilities in the 1860s, 18,000 British troops battled about 4,000 Maori warriors in what became a gross imbalance of manpower and weaponry.[54]

Swann and his family would have been only too aware of these worrying developments. A telegraph cable was laid between the North and South Islands in 1866.[55] They would have become increasingly concerned for their own safety and security, especially when all but one regiment of imperial troops were withdrawn from New Zealand in 1865-66.[56] They would also have received news from across the South Pacific area, which was developing rapidly, particularly on the islands of Fiji, Samoa and Tonga.

The prospects offered by Fiji as an emerging colony, particularly with the rapid development of cotton plantations, and the opportunity to make substantial profits for those who got in at the beginning, must have been very strong pull factors for James Butler Swann. For he was to be caught up in the 'Fiji cotton boom' of the 1860s.[57] The family arrived there in 1867.

Figure 4. *Map of Fiji. (Source: http://pergoladach.co/fiji-islands-map. Accessed 28 July 2019)*

The lure of Fiji

By the 1860s Europeans were to be found on most of the major island groups in the South Pacific. The French were already established in New Caledonia and Tahiti and the Germans in Samoa. It is thought that the first white people to land on Fijian soil were the crew of the schooner *Argo*, which had been shipwrecked off Oneata in Lau at the south west corner of the Fijian islands in 1800. Thereafter a steady stream of merchant ships from Sydney Harbour began to arrive, attracted by the newly discovered sandalwood at Bua Bay on Vanua Levu.[58]

In 1835 two missionaries from the Wesleyan London Missionary Society arrived on Lakeba in Lau and established the first mission in Fiji. Other missionaries followed, setting up a base around Levuka, originally a whaling settlement where European merchants had established a small trading outpost. Levuka is located on the eastern coast of the lush volcanic island of Ovalau, a smaller island to the east of one of the two larger islands, Viti Levu, and is separated from it by a 20 kilometre-wide channel. (Figure 4).

It was a challenging place. In 1840 Charles Wilkes had led a US expedition that produced the first complete chart of the Fijian Islands. He signed a treaty with the local chief, Cakabau, in which the local people were paid for the protection of foreign ships and the supply of provisions.[59] But relations deteriorated, and in 1841 Levuka was razed by fires, which the settlers suspected Cakabau of instigating. In 1849 the home of the US consul was destroyed by fire, and the locals helped themselves to his possessions. The consul held Cakabau responsible and sent him a substantial damages bill. The dispute was to have major repercussions for the future of Fiji.

Disruption to supplies of American cotton during the Civil War between 1861 and 1865 resulted in high cotton prices in Europe, and encouraged its production in many other parts of the world, including some of the South Pacific islands, and Fiji in particular. The promise of cheap land, cheap labour and large profits from growing tropical products drew many Europeans to the Fiji group of islands, where they would be less shackled by constraints imposed by government, law and taxation.

Swann would have heard about the opportunities in Fiji whilst in New Zealand. Enthusiastic but exaggerated reports appeared in both the Australian and New Zealand press about the opportunities available, and they also appeared in various promotional publications. Typical was an editorial which appeared in *The Herald of Melbourne* in 1868:

> To the small capitalists, the men prepared to encounter danger and privation, Fiji presents a brilliant future. Hundreds of young men in Europe and in this community are now eagerly looking for some such opening as Victoria and the neighbouring colonies presented twenty years ago.

Whilst the possible benefits were played up – with claims such as that the planter could expect returns within two years – the difficulties were played down. Thus, in a pamphlet authored by 'Ceres' in 1869 the labour problem was passed over with the assertion that

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'labourers could easily be imported from the adjacent islands to the Fiji group under three-year contracts'. Likewise, the difficulty of obtaining land from Fijian land owners was played down.

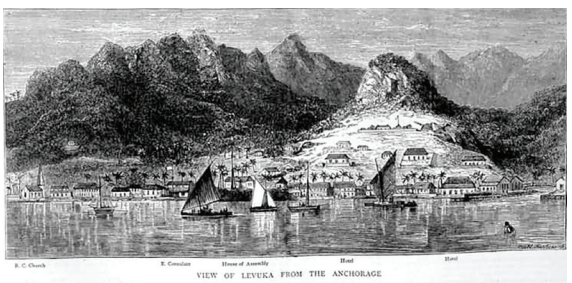

Figure 5. *View of Levuka, Fiji, 1870s. (Source: https://levuka.wordpress.com. Accessed 28 July 2019)*

The move to Fiji

James Butler Swann was clearly persuaded by the slick advertising, and as a result the enlarged Swann family took the momentous decision to move again, to make a second migratory move northwards. They arrived in Fiji on 4 July 1867 on board the schooner *William and Mary*.[60] They sailed into Levuka on Ovalau island, which was then the capital of Fiji (Figure 5). From there they crossed the short channel to the main island of Viti Levu, where James Butler Swann became a cotton-planter. He 'experimented' with cotton planting at Naikorokora on the banks of the River Rewa.[61]

It seems that the Swann family was among the earlier group of settlers, with the rush slowing building from the early 1860s. One witness recorded that 'every week parties of ten or twenty were arriving from the Australian colonies in search of sheep lands or from New Zealand in search of any place where they could escape the ravages of the Maori war'.[62]

This witness noted that in 1864 there were about 300 Europeans in the group, but by 1867 there were 411 British, 38 Americans, and 43 other Europeans, mainly Germans, making a total of 492, plus a half-caste population of 339. By the following year, 1868, the total number of Europeans had almost doubled to 862, a figure made up of 583 men, 93 women and 186 children, but did not include 386 half-castes. The majority of the newcomers were 'British settlers and their families from New Zealand'.[63] This number almost certainly included Swann, his wife, four sons and a daughter.

By 1869 cotton had become the almost exclusive crop produced in Fiji. But it is clear that Swann's venture as a cotton planter was not a success. The promises of cheap land, cheap labour and large profits were illusory. The difficulties entailed in buying sufficient good quality land and of obtaining enough reliable labour would have soon eaten through his remaining capital.

Swann soon recognised the reality of the situation in which he had placed his family. Fortunately, he had a back-up plan. Within three years of his arrival in Fiji, in 1870, he bought the old chemist's business of Dr Riley in Levuka.[64] He remained there for the next twenty-four years, and he and his wife had two more children in Fiji; Margaret Teresa Swann was born on 20 March 1872, and Agnes Elanor Swann followed on 7 September 1873.[65]

In Levuka on Ovalau island he slowly built up the business, until 1894, when he had a paralytic seizure. The seizure led to his retirement at the age of 60, which was lived in Fiji, between 1894 and 1901. James Butler Swann died on 19 May 1901 in Levuka, Fiji, at the age of 67 years.[66]

Figure 6. *Arthur James Swann (1857-1926). (Source: https://www.geni.com/people/Arthur/6000000017618349431. Accessed 28 July 2019)*

The first son: Arthur James Swann (1857-1926): A second Fiji pharmacy

James Butler Swann's eldest son, Arthur James Swann, had been born in Bourne, Lincolnshire, on 7 July 1857. He had moved with his family to New Zealand at the age of five, and from New Zealand to Fiji in 1867 at the age of ten. His education began in New Zealand, and he later went to school in Levuka, Fiji and Sydney, Australia, as did his younger brothers.

Arthur James Swann later qualified as a pharmacist; there was no pharmacy college in Fiji, and in New Zealand pharmacy was only formally recognised with the Pharmacy Act in 1880. It seems most likely that Arthur was apprenticed to his own father at the pharmacy at Levuka for four or five years.[67] We know that his young-

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er brother William was sent to England to study chemistry, and it seems highly probable that all three older brothers went to study at one of the London crammer schools of pharmacy before taking the Minor examination of the Pharmaceutical Society of Great Britain. Arthur James Swann qualified as a chemist and druggist around 1878.

Arthur probably returned initially to his father's shop in Levuka, although within a few short years he moved to Suva on Fiji's main island of Viti Levu. Levuka at that time may not have been large enough to provide a living for two pharmacies, and there is some evidence that Swann was not the only British pharmacist to set up a pharmacy business in Levuka. Thomas Parker was born in Ireland c.1837 and had emigrated first to Melbourne, in Australia on the *Bloomer* in 1854. Thomas appears to have established a business as a chemist and druggist in Queensland in Australia in 1877, before also emigrating again to Fiji. He is recorded as working as a chemist in Levuka in 1873 and 1874.[68] James Butler Swann had opened his pharmacy in Levuka in 1870.

It is however more than likely that Arthur was responding to international political events. For after being held accountable for the impossible debt to the United States in 1849 the local chief appealed to the British consul in Levuka for help, promising the sovereignty of Fiji to Britain along with thousands of acres of land if the debt was paid off. However, cession was initially rejected by Britain in 1862, on the grounds that the chief did not represent all the peoples of Fiji and that the profitability of the colony was not assured. The debt was not paid.

Figure 7. *View of Suva, Fiji, 1880s. (Source: http://www.justpacific.com/fiji/fijiphotos/cards/towns/index.html. Accessed 28 July 2019)*

But the Americans continued to pursue their claim, and in 1867 – the year Swann and his family moved to Fiji – an American warship threatened to bombard Levuka. The chief turned to the newly formed Australian Polynesia Company, which guaranteed payment of the claim in return for land around Suva on Viti Levu island (Figure 7). In 1871, the local king, Cakobau, declared the formation of a government in Levuka. Regulations mainly concerned with the sale of land, alcohol and firearms were laid down, and a poll and land tax was introduced.

These changes were badly received, and riots broke out. Local Fijians, unable to pay the land tax, were coerced into working on the plantations. Within two years, Cakabau had lost the trust of his people, divided the Levuka traders, and run up massive debts. He once again offered to cede Fiji to Britain, and this time it was accepted. On 10 October 1874, in a pompous ceremony in Levuka, Cakobau and the other chiefs signed the deed ceding sovereignty to Britain.

But before long the colonial capital of Levuka began to run out of land to expand. Two Melbourne merchants, Thomson and Renwick, encouraged the government to relocate the capital from Levuka on Ovalau to Suva on Viti Levu with incentives in the form of land grants. The government officially moved to Suva in 1882, when it was a township of about a dozen buildings. By the 1920s it had become a flourishing colonial centre, and it was officially declared a city.

Figure 8. *Suva, Fiji, 1920s. Swann & Co. pharmacy at centre. (Source: Rose Series of De Luxe postcards, Rose Stereographs, Victoria, Australia. Accessed 28 July 2019)*

Arthur James Swann made the move from Levuka on Ovalau to Suva on Viti Levu soon after. He founded his pharmacy there in 1883, and slowly built up the business over the next 43 years, until his death (Figure 8). The business survives to this day as A. J. Swann Pharmacy Ltd, and is located at MH Rodwell Rd Complex Suva, Fiji. Arthur James Swann died on 6 September 1926 in Suva, Fiji, at the age of 69 years.

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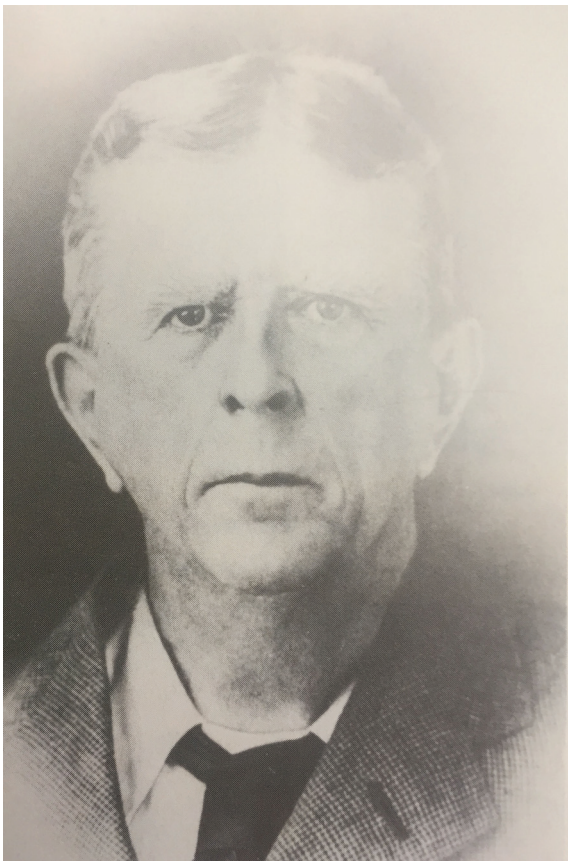

Figure 9. *William John Swann (1859-1936). (Source: Eustis, N. (Note 17) 1979: 48)*

The second son: William John Swann (1859-1936): A new start in Samoa

James Butler Swann's second son, William John Swann, was born on 3 January 1859, in Bourne, Lincolnshire. He was three and a half years old when the family migrated to New Zealand, and only eight when they moved to Fiji. His early education took place in New Zealand and continued in Fiji when the family settled there. We know that, at the age of 17 in 1876, his father sent him to England to study chemistry.[69] It seems likely that he attended one of the colleges of chemistry and pharmacy that had been established in London, probably either John Muter's South London School of Chemistry and Pharmacy (opened in 1872) or George Wills' Westminster College of Chemistry and Pharmacy (opened in 1874).[70]

These colleges offered short cramming courses to prepare candidates for the Minor examination of the Pharmaceutical Society of Great Britain. Large numbers of students attended them. Wills published a jubilee souvenir of the College in 1899, in which he states that 'nearly 4,000 chemists and druggists on the Register of the Pharmaceutical Society received their education and passed their examinations from the Westminster College of Chemistry and Pharmacy'.[71]

The names of over 800 of these are listed in the publication, although they do not include the names of any of the Swann brothers. The archives of the Society's own school of pharmacy in Bloomsbury also give no hint of attendance by the Swann Brothers. Wills is however keen to emphasise that his students came from across the world:

> Not all the College men have settled, however, in the British Isles. They are to be found in every part of the Globe, and, as the Irishman said, 'elsewhere'. Mr Wills is now in regular correspondence with old pupils who live in Paris, Gibraltar, Malta, New York, Shanghai, Hong Kong, Adelaide, Melbourne, Sydney, Gladstone, Brisbane, Tasmania, Natal, Kimberley, Bulawayo, Johannesburg, Cairo, Bangalore and Old Calabar.[72]

According to his daughter, William was an outstanding pupil in his class, but he was apparently tormented by acute homesickness.[73] He was anxious to complete his course as quickly as possible, and to return to his family in Fiji. On his return William worked for some time in the family shop in Levuka. Whilst there he learnt what he could about medicine so as to become familiar with the best possible treatments for many tropical diseases, about which little was known at the time.

Despite his homesickness whilst in England William soon became restless again. He hoped that his new knowledge would provide him with opportunities to explore more of the South Seas. In the mid-1880s his efforts were rewarded when he was offered the post of apothecary on the ship *US Mohican,* an American Navy

Figure 10. *USS Mohican, 1894. (Source: http://www.navsource.org/archives/09/46/46909.htm. Accessed 17 November 2019)*

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vessel that weaved a leisurely course through the islands, dropping anchor at the more important trading ports of the South Seas (Figure 10). During this time he acquired great proficiency in dealing with the native peoples of the Pacific.[74]

Figure 11. *Map of Samoa. (Source: https://www.pinterest.co.uk/pin/396598310905345464. Accessed 28 July 2019)*

Figure 12. *Swann Pharmacy, Apia, Samoa, 1880s. (Source: Eustis, N. (Note 17) 1979: 49)*

Setting up in business in Samoa 1889

After a few years as a ship's apothecary William apparently grew tired of life at sea, and searched South Sea ports for an opportunity to open up his own chemist's shop. He hoped to open a small dispensary far away from any strong competition. As in Fiji, international politics played an important part in his decisions. In the 1870s there had been considerable rivalry between Great Britain, German and the United States as to who should be the ruling power in Samoa (Figure 11).

In 1877 a group of Samoans visited Fiji asking for British protection, but this was refused. In 1878 they went to the United States again requesting protection, but this too was refused. Eventually in 1885 the British High Commissioner proclaimed the Municipality of Apia in western Samoa to be an international settlement. William set up his pharmacy business in Apia at the start of 1889, at the age of 30 (Figure 12).

Within a few weeks of opening, on 15 March 1889, a devastating hurricane swept down on Samoa.[75] This wreaked hovoc on the ships of the three navies sheltering in Apia harbour. The three powers gathered to sign the 1889 Berlin Treaty, which called for an independent Samoa, with an Apia Governing Board in authority in the township area. However, the peace did not last long, and fighting erupted sporadically throughout Samoa.

William was undaunted by the disturbances around him; his business occupied a prominent position in Beach Road. Around this time, the writer Robert Louis Stevenson was sailing his schooner *Equator* through the South Seas in search of a climate suitable for his tubercular condition. In December 1889 the Stevenson family landed in Apia and initially rented a small house. They eventually settled there in September 1890.

Stevenson was always keen to hear of any new drug discoveries that might help his condition, and not surprisingly he became a regular visitor to the Swann pharmacy. Stevenson and Swann soon became close friends. Stevenson built a home on a prominent 150-acre plot, and Swann became a frequent visitor, often treating the family for prevailing tropical complaints.

William's wife and children

With his business flourishing, William found time to look for a wife. He became friendly with a beautiful 20-year old local girl called Pele from Toamua village. Her father was the chief of Toamua village, and her mother was a daughter of a high chief of Apia village. In 1891 William Swann and Pele were married in a Roman Catholic service in Apia conducted by a European priest.[76] Amongst the guests at the wedding was Robert Louis Stevenson.

William and Pele went on to have three daughters and a son. The first was Margaret (Maggie) Swann, born in 1893 at their home above the chemist's shop in Beach Road. She was followed four years later by Agnes (Aggie) Swann, in 1897; by Violet Swann in 1899, and

https://doi.org/10.24355/dbbs.084-202009111157-0

finally by William (Willie) Swann, born in October 1902. But just three months later, in January 1903, Pele died at the age of 31. She was buried at the Catholic Marist Brothers cemetery at Savalalo in Apia.[77]

The three girls were destined to become famous as the 'Swann bouquet', the toast of Apia town,[78] but by far the most famous was Aggie. Aggie Grey, as she became, founded a hotel in 1933 and hosted many famous actors. The American writer James Michener was a friend, and he is widely believed to have modeled his character Bloody Mary in *Tales of the South Pacific* (1947) on Aggie. The book was subsequently adapted into the Rogers and Hammerstein 1949 film *South Pacific*.[79] Aggie was a pioneering figure of the Samoan hotel industry and appeared on several postage stamps. She became one of Samoa's most well-known figures, and died on 26 June 1988 aged 90.

Pharmacy in Apia, Samoa, 1889 to 1936

William was left to bring up his three daughters on his own. With a young family and a growing business to look after he had little free time. As well as being a pharmacist, he acted as a doctor to the Samoans, and also as a dentist, reportedly extracting teeth with considerable skill.[80]

The South Sea islands again became the stage for international events. In 1899, whilst Britain was engaged in the Boer War, Germany demanded that the 1889 Berlin Treaty be scrapped. As a result, Germany was given the right to annex Western Samoa, and the United States was permitted to control Eastern Samoa. The news reached Apia from Europe in November 1899. The German Empire then made its presence felt, and one of its most important outposts was Apia in Samoa.

The German Era in Samoa lasted from 1899 to 1914. During the early years of the occupation the Swann family business prospered, as more traders brought about a controlled economy previously unknown in Samoa.[81] The Swann pharmacy and home was located next door to the British Club.[82] The International Hotel was situated directly opposite and provided a major boost to business. The hotel advertised saltwater bathing and freshwater showers, and offered billiards, bagatelle, and commodious sample rooms for travellers.[83]

Swann nevertheless soon found himself with stiff competition. With the German occupation a German chemist, G. Sabiel, who was in business nearby in Beach Road, proposed to run Swann out of Apia. He approached the Customs Department for special privileges as a German national. But R.P. Berking, the German-born Collector of Customs from 1905 until 1914, would not agree to Sabiel's proposals, ruling that Swann already had his business established in Samoa 'where everyone has the same rights'.[84]

With the outbreak of war in 1914 the Germans departed and were replaced by New Zealanders. The New Zealand occupation favoured British traders and planters, and Swann secured several lucrative contracts with the army, supplying them with remedies that were unavailable in the troops' dispensaries.[85] Towards the end of 1914 the Union Steamship Company of New Zealand, which had long provided the only regular service to Western Samoa, opened a branch in Apia.[86]

A severe earthquake struck Samoa on 26 June 1917, with the first effects felt at 6.23pm.[87] Considerable damage was caused. In its report the *Samoa Times* recorded that:

> Mr Swann the chemist also had considerable losses to report. An inspection of his premises after the dread occurrence revealed the shop floor strewn with broken bottles, powdered drugs, lozenges and liquids, the pungent odour of iodine being particularly noticeable.[88]

After the war William settled into life as the local pharmacist. He remarried another local girl called Fa'afeti from Apia village, and they went on to have two chil-

Figure 13. *Frederick Swann (1864-1924). (Source: Cyclopedia of Fiji Illustrated. (Note 59) 1907: 267)*

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dren of their own, Fred and Daisy.[89] He twice met English royalty; first in 1880 when he acted as interpreter for the visit to Fiji of the Duke of Clarence and Prince George (later King George V); and again in 1920 when he met the Prince of Wales (later King Edward VIII) during his tour of Western Samoa.[90]

William John Swann died on 20 May 1936 at the Government Hospital in Apia[91] in Samoa at the age of 77.[92] Amongst those present at the funeral were his only remaining brothers and sisters; Herbert Swann of Levuka, Fiji, Mrs H.P. St Julian of Sydney, and Sister Mary Joseph of the Marist Sisters Convent at Levuka.[93]

The third son: Frederick Swann (1864-1924)

James Butler Swann's second youngest son, Frederick, was born in Kaiapoi, near Christchurch on New Zealand's South Island on 10 October 1864. He arrived in Levuka on Fiji with his family on 4 July 1867 aged 2¾. He was educated first by a governess and later at Mr Ewin's School in Levuka (the first public school in Levuka was founded only in 1879). In his early teens he went to Sydney, New South Wales, to continue his education.[94] He attended first Newtown Academy (Mr Sampson's) in Sydney, and then a finishing school, the Fort Street High School in Sydney (Figure 14) which had been established in 1849, before returning to Fiji.

Figure 14. *Fort Street High School, Sydney, 1872. (Source: http://acms.sl.nsw.gov.au/item/itemDetailPaged.aspx?itemID=479562. Accessed 17 November 2019)*

On his return to Fiji in about 1879, at the age of 15, he entered the business of Messrs W. Kopsen and Co., a firm that had been established in Levuka in 1875 to import and trade in textiles and general merchandise, as an assistant. He stayed there for several months. Around 1880 he entered the Government service as assistant dispenser at Levuka Hospital (Figure 15). After a few months he became dispenser, and remained in service there for five years.

Figure 15. *The Hospital, Levuka, Fiji, 1884. (Source: https://collections.tepapa.govt.nz/object/20766. Accessed 17 November 2019)*

After completing this period of practical training it seems likely that he followed his older brothers, Arthur and William, in travelling to London,[95] attending one of the crammer schools of pharmacy there, and taking the Minor examination of the Pharmaceutical Society of Great Britain, for we learn that he passed 'his examination as a pharmaceutical chemist' about 1885.[96] He immediately returned to Fiji, and spent the rest of his life in Levuka.

William started manufacturing aerated water for his father. However, this was clearly not a full-time commitment, since we learn that 'Mr Swann entered the service of Messrs Hedemann and Co., merchants of Levuka, in the year 1892, as an assistant, and has retained that position ever since, and has also carried on the firm's chemist's department for the last six years [since 1901].' He continued in that position at least until 1907, in which year his occupation was described as that of 'a pharmaceutical chemist and aerated water manufacturer'.[97]

It is clear, however, that throughout this period he was closely involved with his father's business, which had been founded in 1870. But in 1894 his father had a paralytic fit and was no longer able to run it, taking retirement at the age of 60. Frederick took over control, and continued to run it until his own death. The family were clearly well-connected in Fiji, and in 1886, at the age of 22, William married Mary Agnes, the third daughter of the late Sir Charles St Julian, who had been the first Chief Justice in Fiji from 1872 until his death in 1874. Between 1887 and 1907 the couple had eight

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children: one son died, but three sons and four daughters survived into adulthood.

William Swann died in Levuka in Fiji on 28 September 1924, shortly before his sixtieth birthday.

Conclusion

When James Butler Swann set off with his family from a small village in Lincolnshire for a new life in New Zealand in 1862, he could scarcely have imagined where his family might end up. This article has sought to explain what led an ordinary English family to uproot themselves, and to start a new life on the other side of the world. It has illustrated how the move was facilitated by networks established through the Anglican church, and how the initial prospect of joining a new and expanding Anglican community offered a promising business opportunity for a young pharmacist. Economic circumstances back home may also have also have played a part.

The family's second migration to Fiji in 1867 was undoubtedly motivated by the prospect of greater financial rewards from cotton cultivation, coupled with concerns over both financial viability and personal safety in New Zealand. Although this venture ultimately failed, Swann was able to fall back on his qualification as a pharmaceutical chemist. The trade was obviously sufficiently robust to persuade three of his sons to follow in his footsteps. His first son set up in business on a neighbouring island; the second established a new business in Samoa; and the third eventually took over his father's original business on Fiji.

This family's story vividly illustrates the exhilarating mix of opportunities, threats and international political events that characterised the second half of the nineteenth century at a time of colonial expansion, increasing commerce and mass cultivation. A complex and dynamic pattern of social, political and economic factors help to explain the decisions people made and their enthusiasm for overseas ventures with all their risks. Swann's story highlights the significance of networks, of links forged through the church, through social connections and through occupation.

There were clearly great financial opportunities created both by growing migrant populations (as in New Zealand) and the exploitation of land for profitable crops (such as cotton in Fiji). But long journeys by sea carried their own risks, and the Swann family did well to avoid them. More significantly, however, treaties between British governments and local chiefs were often fragile, as in both New Zealand and Fiji, and new immigrants bore the brunt of the resulting consequences.

The challenges faced by the family were those encountered by all immigrant communities; they included the need to be self-sufficient, to be able to adapt rapidly to changing circumstances, and to know when the time has come to move on to new prospects and away from danger. Swann needed to be able to respond quickly to changes in both the demand for and supply of pharmaceutical services and commodities, skills that also needed to be learnt by his three sons.

The Swanns were a pharmaceutical family, with three of the sons – Arthur James, William John, and Frederick – becoming pharmacists and practising in the South Pacific region. This description of their lives and practices vividly illustrates both the opportunities and challenges of pharmacy practice during this period. However, James Butler Swann and his family were not unusual in choosing to emigrate; large numbers of British pharmacists were tempted by the lure of adventure, riches and a new life overseas; but they were exceptional in the distances travelled, and in the family spreading out over such a huge geographical area.

That James Butler Swann felt able to take the risks he did tells us much not only about his character but also that of his wife and children. His grand-daughter's biographer described the family as 'venturesome pioneers' who 'were fully aware of the trials and tribulations that awaited them, especially in the more primitive of the under-developed colonies'.[98] The family did indeed survive the trials and tribulations of migration, and through them British pharmacy established a lasting presence in the South Pacific.

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65. Swann, JB. *Swann Family reunion* (Note 16) Accessed 28 Sept 2019.

66. Deaths, James Butler Swann. (Note 14) 1901: 59; 405.

67. In New Zealand at the time an apprentice was bound for 4 years of training. Coombes, R. (Note 10) 1981: 45.

68. Thomas Parker, Chemist in Levuka. *Fijian Almanac & Directory.* 1873; 28; *Fijian Almanac & Directory,* 1874: 32.

69. Eustis, N. (Note 18) 1979: 14.

70. Cox, N. Four pharmacy education entrepreneurs in Victorian Britain: Robert Clay (1792-1876), John Abraham (1813-1881), John Muter (1841-1911) and George Wills (1842-1932). *Pharmaceutical Historian,* 2019: 49(3); 74-82.

71. Wills, GSV. *A Jubilee Souvenir: The Work of GSV Wills and the Westminster College of Chemistry and Pharmacy.* Stratford-upon-Avon: Wilson and Whitworth, 1899: 198.

72. Wills, GSV. (Note 71) 1899: 65.

73. Eustis, N. (Note 18) 1979: 14.

74. Eustis, N. (Note 18) 1979: 15.

75. Chambers, JH. (Note 23) 2003: 117.

76. Pele had attended the Catholic Mission School in Apia and was described as 'very religious' Eustis, N. (Note 18) 1979: 25. Roman Catholic missionaries ran schools on both Samoa and Fiji. A Roman Catholic cathedral – the Immaculate Conception of Mary Cathedral – had been dedicated in Apia on 31 December 1867.

77. Eustis, N. (Note 18) 1979: 42.

78. Eustis, N. (Note 18) 1979: 27.

79. Alailima, F. *Aggie Grey: A Samoan Saga.* Honolulu, USA: Mutual Publishing Company, 1988.

80. Eustis, N. (Note 18) 1979: 42.

81. Eustis, N. (Note 18) 1979: 40.

82. Eustis, N. (Note 18) 1979: 57.

83. Eustis, N. (Note 18) 1979: 47.

84. Eustis, N. (Note 18) 1979: 29.

85. Eustis, N. (Note 18) 1979: 54.

86. Eustis, N. (Note 18) 1979: 53.

87. Eustis, N. (Note 18) 1979: 55.

88. Eustis, N. (Note 18) 1979: 56.

89. Eustis, N. (Note 18) 1979: 54.

90. Eustis, N. (Note 18) 1979: 87.

91. Obituary. Pioneer in Samoa: Death of Mr W. J. Swann. *Auckland Star,* June 1936. LXVII (138); 12.

92. Eustis, N. (Note 18) 1979: 87.

93. William's sister became Sister Mary Joseph of the Marist Sisters Convent in Levuka, Fiji, founded in 1892. For the activities of the Catholic Church in Fiji see Roman Catholic Mission, Fiji: *Correspondence with Government and Others – Native Affairs 1883-1924.* Microfilm Copy PMB 459. Pacific Manuscripts Bureau. Canberra: The Australian National Library, 1972.

94. Allen, PS. (Note 61) 1907: 267.

95. Eustis, N. (Note 18) 1979: 16.

96 Allen, PS. (Note 61) 1907: 267.

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98. Eustis, N. (Note 18) 1979: 14.

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ARTICLE

Desperate housewives: The rise and fall of the campaign against medicated wines in twentieth-century Britain

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Abstract

In the early twentieth century British temperance reformers tried to restrict the sale of medicated wines, a popular form of patent medicine. Medicated wines usually contained between 15 and 20 per cent alcohol. With vague labels, department store retailing and florid advertising, they were very popular. The United Kingdom Alliance – the leading temperance organization at the time – attacked medicated wines in print, before the Select Committee on Patent Medicine in 1914, and in a court case in 1913. They were not successful, because their own testimony revealed divided professional opinions about the efficacy of medicated wines.

Introduction

The spectre of female teetotallers soaked in liquor, dirty and lying in the gutter, made compelling propaganda for temperance in early twentieth-century Britain. Reformers argued that many unsuspecting women were being led down a slippery slope to alcoholism by medicated wines. Medicated wines or tonics were a form of patent medicine (or over-the-counter drug).[1] Taken daily as an apparently harmless pick-me-up, they were sold under trade names that were famous to Victorians – *Wincarnis*, *Hall's Wine*, *Guy's Tonic*, *Vin Mariani* and *Sanatogen*.

Few were actually patented.[2] Their composition varied; some had beef extract, some had cocaine. But all contained large quantities of alcohol, generally between 15 and 20 per cent alcohol, as opposed to the average table wine which contained only 9 per cent alcohol.[3] Consumers were encouraged to think otherwise. First, makers were not required by law to declare the alcoholic content of medicated wines on product labels. Second, florid advertisements for medicated wines portrayed them as innocuous remedies for general convalescence, fatigue and ailments associated with maternity. Third, depending on the district, many medicated wines were sold in unlicensed department stores and grocery stores.

To members of the leading temperance organization, the United Kingdom Alliance (UK Alliance), these three factors constituted a misrepresentation of the product which was luring innocent women to inebriety and destroying their lives. In the early 1900s the UK Alliance launched a campaign to restrict the sale of medicated wines. It failed by 1914, I will argue, because temperance reformers relied on medical evidence to bolster their case: in fact it undermined it.

Opportunistically, but fatally, temperance tethered its social construction of the medicated wine menace to the professional medical lobby. On the face of it, this approach seemed logical. In the l890s the *British Medical Journal,* under the editorship of Ernest Hart, had launched an assault on the general category of patent medicines. In a series written on behalf of the British Medical Association, and later published in 1909 and 1912 as *Secret Remedies* and *More Secret Remedies*, doctors argued that patent medicines were addictive or potentially lethal, that they masked symptoms, that they delayed vital professional treatment, and that they offered false cures.[4]

Contemporaneously, the Pharmaceutical Society of Great Britain had lobbied to secure the 1908 Pharmacy Act. The Pharmacy Act stipulated that a patent medicine which contained more than one per cent of cocaine, morphine or opium could only be sold by pharmacists.[5] Temperance reformers thought that they could capitalize on both recent professional efforts. They hoped to focus an already whetted public interest on the secret presence of alcohol in medicated wine.[6] To achieve victory they needed to be wholly convincing. I will show that they failed dismally in print propaganda, before a Select Committee of the House of Commons, and in court. In the end they held passionate opinions, but they simply did not (or would not) appreciate the divisive nature of professional opinions about alcohol at the turn of the twentieth century.

The temperance critique of medicated wine

In terms of chemical composition, medicated wines looked like an easy target for restrictive legislation. Medicated wines were largely products founded in the late nineteenth century, though some purported to have a longer history.[7] Though hard to define, in popular parlance a medicated wine or tonic was generally a wine that was one blended with other ingredients. But medical, pharmaceutical and legal understanding of the term varied. Doctors such as Robert Hutchison, physician to the London Hospital, posited that 'medicated wines are concoctions, the basis of which is port or sherry, to which has been added extract of beef, extract of malt, peptone, pepsin, cocoa leaves, cocaine, cinchona, iron or some other dietetic or medicinal substance'.[8]

Chemists were quite precise about the proportion of wine to medicine: the *British Pharmacopeia* stated

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that if a wine contained a grain or more of quinine per fluid ounce it was then a medicine.[9] The government, for the purpose of excise, tax, and licensing, favoured a more amorphous assessment. The government required only that 'the characteristic feature of "medicated wine" [is] that it shall not be capable of being used as a beverage.'[10] Accordingly, packaging and advertising emphasized medicinal effects (Figure 1).

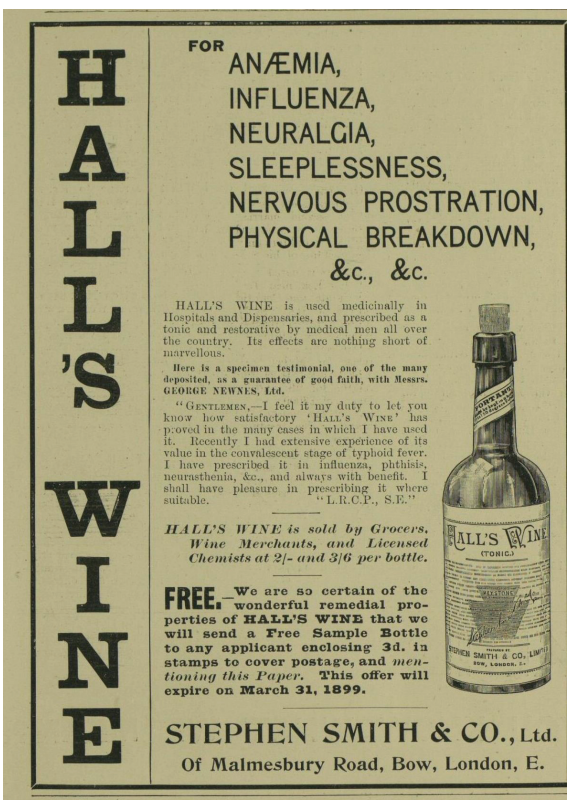

Figure 1. *Advertisement for Hall's Wine (Source: Illustrated London News, 21 January 1899: 101)*

Science Siftings, the popular scientific magazine and forerunner of *Science*, analyzed brands such as *Guy's Tonic*, *Wincarnis*, *Vibrona* and *Vin Mariani*. It concluded that 'figuratively speaking…[a medicated wine or tonic] may mean anything',[11] but most medicated wines contained more alcohol than the average table wine. *Vin Mariani* contained 14 per cent alcohol; *Guy's Tonic*, *Hall's Wine* and *Buckfast Tonic Wine* each contained 15 per cent alcohol; and *Wincarnis* contained 19.5 per cent alcohol. In contrast, the average table wine contained only 9 per cent alcohol.[12] Alcoholic content was almost never listed on the product label, nor was it required by law. The high percentage of alcohol in medicated wines attracted a lot of temperance attention.

Point of sale was another problem for temperance advocates. Unlike table wine, medicated wines could be sold virtually anywhere. Indeed, most medicated wines were sold in department stores or unlicensed grocery stores.[13] The department store boom – that had begun around 1889 with the founding of William Whiteley's store in London – allowed women in particular to buy a medicated wine during a generally refined and female-oriented shopping trip. Alcoholic drinks could only be sold in a licensed establishment, an arena few respectable women would dare to frequent without a male escort.

Medicated wines fell within a grey area of the law. A medicated wine could be sold in an unlicensed shop provided that it was to be used as a medicine, not as a beverage. The judgement about whether a wine was so medicated as to be incapable of use as a beverage was left to the police. One district might require a license for the sale of medicated wine; another might not. The result was that many products with high alcohol content were made broadly (but unevenly) accessible to consumers at many grocery stores and department stores. The availability of medicated wine in shops frequented by women was a concern to temperance advocates.

Medicated wine, however, was given its greatest boost by its wide availability in most chemists' shops, where it appeared to have a professional seal of approval. Despite the united movement in the early 1900s within the pharmaceutical profession to restrict the sale of morphine and opium, the sale of alcohol elicited more varied opinions. That should have been a sign to temperance enthusiasts that restricting medicated wine might be difficult. *The Pharmaceutical Journal*, the organ of the Pharmaceutical Society of Great Britain, did not condone the sale of medicated wines by chemists. It took the position 'that we have always endeavoured to discourage the taking out of licenses to sell wine as being inconsistent with the pharmacist's proper business'. Since many of the 'so-called medicated wines… admit to being used as beverages, no real distinction can be drawn between them and other alcoholic beverages, and thus their sale lies outside the scope of strict pharmaceutical practice'.[14]

In districts where the licensing laws were interpreted strictly, some chemists even took out wine licenses in order to be able to offer their customers the medicated wines they demanded. For chemists, navigating the transition from 'bespoke' products to 'off-the-peg' (as Stuart Anderson has put it), business considerations made it risky to refute the claims of prominent makers, and especially to refuse to stock them.[15] As one chemist put it 'prudence [urges] that it would be bad policy to teach customers to go to some other class of shop when they want medicine of any kind'.[16] *The Chemist and*

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Druggist reported that the number of chemists applying for a wine license was increasing in the 1890s. In 1892 28 new wine licenses were granted, 27 were granted in 1893 and 45 were granted in 1894. It concluded that 'chemists are preparing in growing numbers to meet the demand which undoubtedly exists for medicated wines'.[17]

At the chemists' shops, wines were removed from the potential stigma of a licensed shop and seemed credible as bona fide medicines. In the words of one judge who assessed a licensing dispute, the sale of medicated wines by patent medicine dealers was a way 'to command a large sale of rather inferior port at a comparatively high price with the aid of persons who do not ordinarily sell wine to persons who do not ordinarily buy it'.[18] This latter point seemed more compelling to reformers than differing points of view within the pharmaceutical profession. It will become clear that temperance reformers should have heeded conflicting opinions among chemists as ominous for their efforts to restrict the sale of medicated wines.

It seemed plain enough that medicated wines were being pitched as products for middle-class women, an aspect that held potential as a rallying cry for protective legislation. The price point was high. Medicated wines were generally sold in three sizes, ranging from 1s 1d to 11s 1d per bottle (compared to, say, *Beecham's Pills* that started at 9d and rose only to 2s 9d for the largest size). In addition to the relatively high price, the advertising – especially prominent in women's magazines and in the religious press – targeted women, both explicitly and implicitly. Makers claimed that medicated wines were universal panaceas for sleeplessness, weakness, exhaustion, influenza and nervous disorders. But advertisements repeatedly emphasize female complaints – anaemia (most common in menstruating women), recovery from childbirth, menstrual pain and 'maternity weakness'.[19]

Florid advertising imagery emphasized the female orientation of the market through the visual trope of the female invalid and the angel. Women were born again through use of medicated wine. An advertisement for *Sanatogen* pictures a female patient who stands, supported by her nurse, arms outstretched before an open window. Imitating the converted, who has risen to gaze towards heaven, the woman looks into the sky and sees her saviour, *Sanatogen*, spelled out in a rainbow (Figure 2).[20]

Other advertisements picture angels with gigantic wings,[21] or dramatize before and after conditions. For

Figure 2. *Advertisement for Sanatogen (Source: Illustrated London News. 19 August 1911: 317)*

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example, a woman sits slumped in her chair, her cheek resting on one hand. Her nurse stands by with the doctor, offering a glass of *Wincarnis*. In the 'after' picture, she is a smiling hostess serving tea to the doctor and her beaming husband.[22] The popular commercial gambits of the fluttering angel and the risen invalid focused on women, especially women of child-bearing age.

The other major marketing strategy of medicated wine-makers was to proclaim endorsement by chemists and doctors. Quotes from chemists tended to emphasize sales rather than efficacy. For example, one chemist reported 'the sale is certainly satisfactory; another that he sold 'almost nothing but *Guy's*'; yet another that there was a 'tremendous turnover'.[23] Careful scrutiny shows that the chemists were focusing on retaining customers, but a cursory glance at the list of quotes and chemists' names might easily suggest product endorsement. Testimonials from doctors, which were extremely common in medicated wine advertisements, were more clearly endorsements of the efficacy of the product. For example, in an advertisement for *Wincarnis* an image dramatized a transformation from prostration to convalescence. Text below the image proclaimed 'Over 6,000 Testimonials received from Medical Men' (Figure 3).[24]

Figure 3. *Advertisement for Wincarnis (Source: Illustrated London News. 1 June 1901: 802)*

The supposed endorsement by medical professionals, highly memorable female imagery and wide availability formed a winning combination. By 1910 medicated wines were big business. The proprietors of *Wincarnis* and *Hall's Wine* wielded a capital of £250,000 and £175,000 respectively.[25]

The scale of the business, the use of alcohol in the product, the publication of what temperance advocates assumed to be phoney endorsements from chemists and doctors, the targeting of unsuspecting women (the backbone of the teetotal and temperance movements) and the galling use of religious imagery in the Christian press, were all calls to action for temperance advocates. Temperance critics thought they were on solid ground, not just because of the merit of their arguments, but because patent medicines as a general category had been so routinely vilified not just in the *British Medical Journal*, but in British literary circles.

George Eliot, in *Felix Holt* (1866), had described them as 'absurd' and likened their 'gulling advertisements' to pickpocketing.[26] Joseph Conrad, in *The Secret Agent* (1907), had characterized their inventors as 'moral nihilis[ts]' who 'live on the vices, the follies or the baser fears of mankind'.[27] Perhaps most famously, H.G. Wells in *Tono Bungay* (1908) had portrayed the supposedly quintessential patent medicine maker, Edward Ponderevo, as a confidence trickster who markets an out-of-date remedy which is 'slightly injurious rubbish' through 'alluring' advertisements.[28]

Vanity Fair, *The Times*, and the *Saturday Review* suggested colourfully that the patent medicine business was the 'safest of all fields for cynical knavery' which offered 'large incomes to the greatest numbers of vulgar imposters',[29] the most 'parasitic in modern civilization'[30]who 'plunder[ed]' and 'injur[ed]' the 'trustful'.[31] Within this climate, in the first decades of the twentieth century, British temperance reformers projected their opposition to the menace of medicated wines in three venues: to its own constituency in its official organ, the *Alliance News*; to a broader public through the expert testimony of Dr Mary Sturge before the House of Commons' Select Committee on Patent Medicine in 1911; and finally in court, in the case of Bendle versus the *Alliance News* in 1913. As we shall see, their construction of the medicated wine menace was fatally flawed.

Attacking medicated wines in print

Temperance advocates publicized the dangers of medicated wines within the pages of the *Alliance News*. The *Alliance News* was the weekly newspaper of the UK Alliance, with an estimated circulation of about 20,000 by the 1890s, of which about 5,000 copies were distributed to the unconverted. Generally, its focus was insider news about the temperance campaign, local meetings, leaders and activities, and temperance products. Attempts to generate a wider circulation that would make it competitive with national weeklies had largely stalled due to the narrowness of its content. But it remained an important in-house organ for temperance reformers to communicate about issues to each other.[32]

With regard to medicated wines, the focus of critiques in the *Alliance News* was inadequate labelling and danger to women. Doctors – as authors and cited

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experts in articles – described a series of problems. No consumer could rely on the labels on the bottles for content or safe dosing. Many takers, being sick already, were especially vulnerable. Even worse, some of the victims of medicated wines ironically were unaware teetotallers. But once they took medicated wines they developed a habit. The danger of medicated wines was that '…those who indulged in them would probably not take the ordinary wine, knowing its danger, but thought that in the medicated wines the danger had been removed and the effect of the alcohol possibly neutralised'.[33] Women were particularly likely to be duped. Writers for the *Alliance News* editorialized that the associated rise of drunkenness among women had grave social consequences: 'it was bad enough when the father drank, but when the mother drank life was poisoned at its foundation'.[34]

In addition to the articles in the *Alliance News*, the UK Alliance produced pamphlets aimed at the non-temperance community. Between 40,000 and 60,000 pamphlets were distributed for 'magistrates, invalids and the general public'.[35] Pamphlets used strong language, typically characterizing medicated wines as 'diabolically deceptive and insidiously injurious'.[36] They always drew on the opinions of eminent medical authorities from the *British Medical Journal,* and ended with signatures of doctors who endorsed the pamphlet. The emphasis in the articles of the *Alliance News* and in its pamphlets for a general audience was on the medical critique; doctors, they claimed, concurred with temperance advocates that medicated wines were dangerous.

Attacking medicated wines before a Select Committee

The parameters of the medicated wine menace sketched out in the *Alliance News* and in pamphlets were elaborated by Dr Mary Sturge (1865-1925) in testimony before the Select Committee on Patent Medicines in 1911. Sturge – a Quaker and niece of the Birmingham mayor Charles Sturge – held a medical degree from the University of London. She was only the second woman to practice medicine in Birmingham and was a physician at the Birmingham and Midland Hospital for Women. Part of an activist family, whose public service dated from the abolitionist activities of Joseph Sturge, she was a member of the Birmingham Society for Women's Suffrage and a lifelong supporter of temperance.[37] She had also recently co-authored with Sir Victor Horsley (1857-1916) – the prominent neurosurgeon from University College, London – *Alcohol and the Human Body* (MacMillan, 1907), which had garnered considerable attention in the press for its controversial assertions of the effect of parental alcoholism on children.[38]

Sturge was certainly a prominent name. Moreover, to have a female physician speaking to a problem that purportedly victimized women made rhetorical sense. For two days Sturge outlined problems related to dosing, labelling, retailing and advertising. The usual recommended dosage of six ounces a day, she said, was too much. This was enough alcohol for a chronic user to develop a dependence on alcohol, especially if the user was a woman. After confinement, Sturge said, women existed in a 'weakened' state that might make them 'unable to resist temptation'.[39] Women had less powers of resistance than men because 'Woman's nervous system…is always working at a stress from childbearing… Altogether women have more of a fight to get through life than men physically, and therefore it is more dangerous for them to be drugged'.[40] The vulnerability of women to the recommended dosages was the first plank in Sturge's attack on medicated wines.

Another was the fear that poor labelling might make teetotallers the unwitting victims of a 'morbid alcoholic habit'. White Ribboners – young girls who had taken the pledge – might take these drinks 'without the least idea that by thus doing they are breaking their pledge'.[41] She offered narratives of teetotallers corrupted by medicated wines. Almost always the narratives involved a promising young woman convinced by others to take a medicated wine. The innocent woman became addicted and ultimately lost all control. The stories did not deny volition, but they shifted the focus of culpability onto the medicated wine makers who did not inform the consumer of alcoholic content.

Free choice had been taken away from women by deceptive labelling. Here, Sturge had to combat some skepticism. As Thora Hands has sensibly argued, it was reasonable to assume that most consumers of medicated wines expected a 'wine' to contain some wine.[42] But Sturge countered that argument with the contention that teetotalers were more 'gullible' than other people because 'they know less about the whole thing'.[43] Accurate labelling was necessary to protect the innocent.

Finally, the point of purchase – often at unlicensed grocers and chemists – was a problem. Sturge contended 'I find the most harm is done by the druggists pressing their sale on ignorant women'.[44] She cited a young pregnant woman, her own patient, whose symptoms seemed curious until Sturge noticed a large bottle of *Wincarnis* in the bedroom. She discovered that the woman was drinking two bottles a week. She began taking it on the 'strong recommendation of the druggist next door'.[45] Sturge reported that there were two grocer's shops near her hospital; one with a window full

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of wines and one without. The grocer who did not sell them conceded that while he upheld moral principles, he would 'make [a] fortune' if he relented.[46] In each case, profit motivations prevented the vendor – even the professional one – from disclosing the alcoholic content. Unlicensed establishments, Sturge argued, should not sell alcohol because their advice was not reliable.

Beyond the labelling and licensing arguments, Sturge devoted a good part of her testimony to terrifying tales drawn from doctors themselves. The medical testimony was crucial to her case. One doctor wrote of a female patient, 22 years of age, of substantial means, refinement and education, who was found 'unkept and unwashed…the stale smell of alcohol pervading the atmosphere…laughing, crying and shrieking in turns… [She was later discovered] lying drunk in a lane a few yards from her home'. Another doctor described a shopkeeper's wife reduced to homelessness. A third wrote of a woman recovering from childbirth who ended up 'hopelessly insane'.[47] A common theme was an ending that would be especially horrific to a respectable woman; dirtiness, homelessness or insanity.

Terrifying tales told by scores of doctors were part of the temperance strategy against medicated wines. This made the advertising tactics of the medicated wine makers especially egregious. Advertisements for medicated wines almost always included testimonials from doctors. According to Sturge, these testimonials were solicited and presented duplicitously. At the bottom or side of most advertisements for medicated wine was a coupon (Figure 4).

Figure 4. *Advertisement for Wincarnis (Source: Illustrated London News. 4 March 1905: 325)*

If the doctor signed it and sent it to the company office the patient could receive a free sample. Any doctor who refused a patient's request to sign a coupon was put in an awkward position. But if he did sign it, his signature was then reproduced in a phoney endorsement in later advertisements. Sturge alleged that thousands of signatures were obtained from doctors using this method.[48] The advertising of doctors' recommendations was a charade, the ultimate form of false advertising. Speaking on behalf of the UK Alliance, Dr Mary Sturge gave dramatic testimony.

As a woman doctor from a prominent family, she seemed at first glance to be a credible witness. She spoke as if she represented the entire medical profession in her blanket opposition to medicated wines for inadequate labelling, inadequate licensing and false advertising. But this was far from the case. While some doctors – and certainly most who supported the temperance lobby – agreed with her opposition to alcohol, it was well known that there were doctors who defended the medicinal use of alcohol for analgesia and even nutrition.

If Sturge and Horsley had simply been on the temperance side of a legitimate medical debate, they might have still seemed credible. But much of their case had been discredited just the year before. The very data on which they based their opinions had been very publically questioned. Temperance advocates must have known that in 1910 prominent scientists, including the noted mathematician Karl Pearson, had rebutted Horsley's statistics about the effect of parental alcoholism on children.

The controversy had spilled over from the pages of the *British Medical Journal* and *The Lancet* into *The Times*. In an editorial on 13 January 1911, the editors of *The Times* advised the public to 'disregard the din of the controversy' – in effect to ignore Sturge and Horsley on the evils of alcohol. Letters appeared on the subject every day for two weeks.[49] The temperance lobby had chosen an expert whose findings had been seriously questioned the previous year. The credibility of their main medical witness was shaky. Even if large parts of her testimony had nothing to do with parental alcoholism, readers of the report of the Select Committee might well wonder if her testimony was reliable or trustworthy in the light of what they had read recently in *The Times*.

Temperance lobbyists may have thought that the public would not be able to follow the intricacies of the statistical debate. But they must have known that a crucial part of her testimony rested on an assumption for which she had no proof. Sturge assumed that no doctor would really endorse any patent medicine, let alone a medicated wine. Here, she assumed that doctors would follow medical ethics, which had stipulated since Percival's *Medical Ethics* was published in 1803 that no doctor should recommend a medicine if the contents were unknown.

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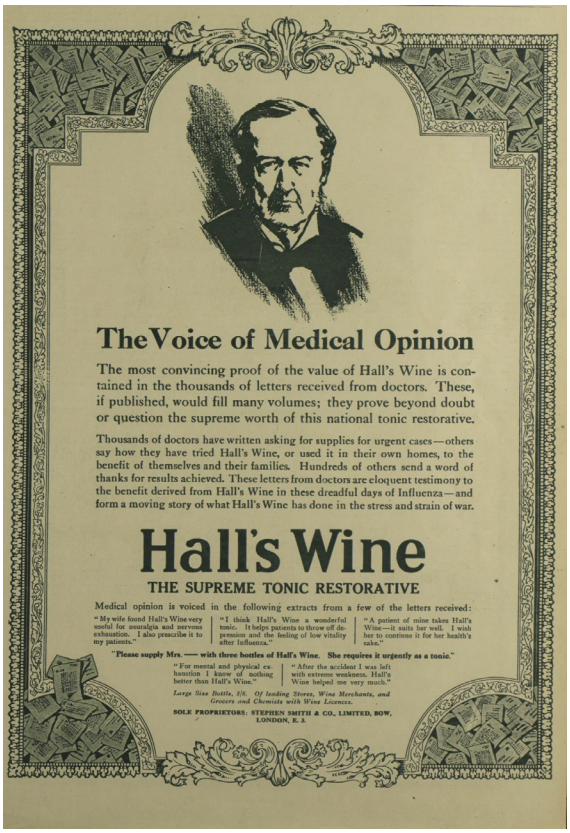

Figure 5. *Advertisement for Hall's Wine (Source: Illustrated London News. 8 March 1919: 347)*

Following Sturge's testimony, proprietors of major medicated wine manufacturers were called to testify. Shockingly, manufacturers were able to produce thousands of legitimate medical endorsements. Not only did they have bona fide testimonials, but *Hall's Wine* had twenty-one doctors who were large shareholders, and two doctors on their board of directors.[50] *Hall's Wine* was not alone. The makers of *Wincarnis* similarly had over 10,000 letters from doctors.[51] Following the release of the Select Committee Report, *Hall's Wine* took out a full-page advertisement that emphasized 'The Voice of Medical Opinion' above a picture of a mature man, presumably a doctor (Figure 5). The text reads:

> Thousands of doctors have written asking for supplies for urgent cases – others say they have tried *Hall's Wine*, or used it in their own homes, to the benefit of themselves and their families. Hundreds of others send a word of thanks for the results achieved. These letters from doctors are eloquent testimony to the benefit derived from *Hall's Wine*.[52]

The Select Committee, which might have given the UK Alliance its shining moment, in fact wound up revealing that many doctors did indeed endorse them, just as the advertisements claimed.

Attacking medicated wines in court

The temperance lobby found itself unprepared not only before the Select Committee, but also in court. In 1913 the UK Alliance was taken to court for libel by a maker of a medicated wine. The Alliance had published a pamphlet, authored by a solicitor, Robert Batty, denouncing medicated wines. Among the products named was *Bendle's Malt-Port Nutrient*. The Batty pamphlet was typical in its hyperbolic denouncements. It called the products 'wines of death' and said that makers were 'veritable masters of mendacity'. It included signatures of doctors, and took particular aim at the maker's claim that such wines were nutritious, even strengthening. Batty suggested in the pamphlet that 'these wines contain such a ridiculously small quantity of beef extract that they cannot be really strengthening, and that the claim by their makers for their use on this ground is positively absurd'.[53] In fact, Batty claimed, all it contained was 20 per cent alcohol, as proven by a chemical analysis published in the *British Medical Journal*.

In court, the makers of *Bendle's Malt-Port Nutrient* argued that they had been damaged by the pamphlet. They showed that the analysis published in the *British Medical Journal* was incorrect. (Indeed, the *British Medical Journal* published a correction two issues later after complaints by the manufacturer, but Batty had failed to take the correction into account). Expert testimony by Mr Pary, Fellow of the Chemical Society, and Dr Willcox, Senior Analyst to the Home Office and Physician at St. Mary's Hospital, London, suggested that the wine did indeed have nutritive content.

On this basis the UK Alliance was found guilty of libel, and banned from naming *Bendle's Malt-Port Nutrient* in any future publication.[54] Clearly, this was an embarrassing outcome for the temperance lobby. The court case, like the testimony before the Select Committee, rested on inflamed rhetoric rather than sound medical support. The use of the medical profession by the temperance lobby did not work.

The temperance lobby underestimated the divisive stature of alcohol and patent medicine within the medical profession. Alcohol itself was still controversial. The British Medical Temperance Society had been formed in 1876; by 1898 it had over 900 members. Certainly, this group challenged the efficacy of alcohol in medical treatment. But the profession as a whole was fraught with internal divisions about the effect of alcohol on the human body, about whether the craving for alcohol might be inherited, and about the relationship between

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inebriety and insanity. For example, members of the Society for the Study of Inebriety, founded in 1884, favoured the disease model of alcoholism, and opposed temperance colleagues as 'unscientific' and zealous.

Similarly, moderationists opposed them; they favoured drinking in moderation.[55] There was no uniformity. In practice, many doctors continued to recommend alcohol as a treatment for common complaints. The *Bendle's Malt-Port Nutrient* court case in 1913 showed that the nutritive properties of alcohol, a long-standing debate in the medical literature, might still be an open question. As late as 1891 the treatment of influenza with alcohol was so popular that it was satirized in *Punch*.[56] Clearly there were internal divisions within the medical profession over the use of alcohol, which did poke holes in the temperance contention that doctors opposed the use of medicated wine.

Second, the revelation that doctors had written bona fide endorsements for medical wines and were even shareholders exposed the harsh reality that the relationship between orthodox medicine and commercial medicine was often murky. Theoretically, doctors were not supposed to recommend medicated wines, because – like all patent medicines – their composition, and therefore, potentially detrimental effects, were unknown. This had been laid out in Thomas Percival's *Medical Ethics* in 1803;[57] and endorsed in an 1888 resolution of the Royal College of Physicians.[58]

But, as Peter Bartrip has shown at the organizational level, the reality was often very different.[59] Doctors, at the grass-roots level, similarly were not immune to mass marketing, including advertising. Some doctors may have been seduced by free samples; some may have genuinely found a particular product therapeutically useful; and some may have been pressured by patients. Temperance doctors, such as Sturge, clearly hoped that even doctors who supported the therapeutic use of alcohol would not support the use of patent medicine. They were wrong. It appeared that the temperance lobby had misrepresented a significant part of their case.

Finally, in the absence of wholehearted medical condemnation, many observers must have wondered if a little self-medication with alcohol disguised as medicine was really so bad. If doctors were prepared to use alcohol therapeutically, many customers were prepared to drink it for health. Medicated wines provided a way for customers who would not buy regular wine or spirits to consume alcohol under the cloak of taking medicine. For those who sought relief from minor aches and pains or who needed a pick-me-up, medicated wines were convenient and readily accessible, without the trouble of contacting the doctor. They also gave the patient some control; she picked the remedy for her own complaint.

As John Crellin has demonstrated, by the turn of the century there was an increasingly pluralistic medical market for self-care.[60] The convenience, access and lack of stigma attached to medicated wine made it a popular product, one that was difficult for legislators to take restrictive action against without much more convincing arguments than the ones temperance advocates were able to provide by 1914.

Conclusion

In the end the temperance attack on medicated wines failed. While rhetoric against medicated wine purported to be scientific, much of it relied on terrifying tales of women sodden with liquor. The tales were memorable but anecdotal. Temperance advocates tried in the pages of the *Alliance News*, before the Select Committee and in court, to bolster their anecdotal evidence with medical opinions. But unfortunately, they presented medical opinions about which there was little consensus. The case against medicated wines ignored altogether the divisions within the profession about temperance; it was by no means clear on the eve of the First World War that alcohol had no therapeutic efficacy.

Nor it could it be proven that medicated wine had no nutritional merit; this too was open to scientific debate. Even basic facts about chemical composition were quoted incorrectly in anti-medicated wine literature. The scientific evidence wound up being inconclusive. The revelation that doctors themselves endorsed patent medicines and sat on boards of directors of medicated wine companies underscored the divisions in the profession. Temperance advocates were left with sensational tales of women in the gutter. It was simply not enough.

Medicated wines continued to be marketed to middle-class women throughout the twentieth century. After the Pharmacy and Medicine Act of 1941 required labelling of active ingredients, including alcohol,[61] many medicated wines reinvented themselves, at least in advertisements, by focusing on vitamin content. The alcohol remained and the products continued to be sold without a license.

Throughout the 1960s and 1970s the alcohol content was only thinly disguised in advertisements which emphasized the utility of the product as an escape for women who thought 'kids are murder!'[62] Today, *Sanatogen* is still on the market as a 'tonic wine with added iron'.[63] *Vin Mariani* relaunched in 2014 as 'an exceptional Bordeaux wine fortified with Peruvian cocoa leaf' [64] and 22 per cent alcohol; and *Wincarnis* is sold

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currently by Ian MacLeod Distillers as a 'Tonic and Ginger Wine' fortified with 'energy-giving Vitamin B Complex' and 14 per cent alcohol, enjoyable 'on its own or as a Gin and Win'.[65]

Today, most medicated wines are made and sold by wine merchants and distillers. In contrast to the female orientation of the market for Edwardian medicated wines, some of the most popular medicated wines now have a distinctly masculine consumer base. For example, *Buckfast Tonic Wine*, a caffeinated wine with 15 per cent alcohol from Devon – first marketed by Buckfast Abbey in 1880 and today sold by J. Chandler & Co. – is among the best-selling alcoholic beverages in Britain; it has a notorious linkage with violent male crime. In 2015 the Scottish prison service reported that over 43 per cent of inmates drank *Buckfast Tonic Wine* before their previous offence.[66]

The medicinal use of alcohol has become notorious once again. One hundred years after the 1914 Select Committee report, despite the fervent efforts of the UK Alliance in print and in court, medicated wines thrive. Though their opponents' fame has faded with time, the brand names *Wincarnis*, *Sanatogen* and *Buckfast Tonic Wine*, for good or for ill, are still recognizable as an integral part of modern British consumer culture.

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11. The Taking of Tonics. (Note 3) 1897: 204. Some contained cocaine, but this was more unusual because the presence of cocaine required that the product be labelled poison and sold only by chemists. The original *Vin Mariani* contained 6 mg of cocaine per fluid ounce of wine in Britain and 7.2 mg for export to the United States. See Homan, Peter. Medicated Cheer. *The Pharmaceutical Journal*. 2003: 271; 867. The American Dr John Pemberton made a wine based on the *Vin Mariani* formula and substituted sugar syrup for wine in 1886, producing Coca Cola. See Estes, J. Worth. The Pharmacology of Nineteenth-Century Patent Medicines, *Pharmacy in History*. 1988: 30; 3-18; Helfand, William. *Vin Mariani*. *Pharmacy in History*. 1980: 22; 11-19.

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SHORT COMMUNICATION

The development of pharmacy education in the Republic of Tatarstan, Russia, 1804-1975

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Abstract

This article describes the origins and development of pharmaceutical education in the Republic of Tatarstan, Russia. The Imperial Kazan University was established in south central Russia in 1804. One of its four faculties was a Division of Medical Sciences, which included a Department of Chemistry, Technology and Pharmacy. The need for a separate School of Pharmacy at the Kazan State Medical University was recognized in 1919, but no action was taken. In 1930 the Medical Faculty became the Kazan Medical Institute, and in 1975 a Faculty of Pharmacy was opened within it. In 2018 this became the Institute of Pharmacy within the Kazan State Medical University.

Аннотация

В статье рассказывается об истоках развития фармацевтического образования в Республике Татарстан (Россия). Первый российский университет был основан в Москве в 1755 году, а Императорский Казанский университет – в 1804 году. Одним из четырех его факультетов было отделение медицинских наук, в состав которого входили факультет химии, технологии и фармации. Потребность в фармацевтической школе при Казанском государственном университете была признана в 1919 году, но никаких действий предпринято не было. В 1930 году медицинский факультет стал Казанским медицинским институтом, а в 1975 году в нем был открыт фармацевтический факультет. В 2018 году фармацевтический факультет был реорганизован в Институт фармации при Казанском государственном медицинском университете.

The origins of higher education in Russia

The Republic of Tatarstan is a republic of the Russian Federation, located in the Volga Federal District in south central Russia. Its capital is the city of Kazan. The republic borders Kirov, Ulyanovsk, Samara, and Orenburg Oblasts, the Mari El, Udmurt, and Chuvash Republics, and the Republic of Bashkortostan. The area of the republic is 68,000 square kilometres (26,000 square miles). In 2010 the population of Tatarstan was 3,786,488. The Republic has strong cultural ties with its eastern neighbour, the Republic of Bashkortostan. The state languages of the Republic of Tatarstan are Tatar and Russian.[1]

The history of the formation of pharmacy education in Russia is closely associated with the organization of universities in educational centres across Russia. The first Russian university was founded in Moscow in 1755 upon an initiative of Mikhail Vasilyevich Lomonosov (1711-1765), a Russian polymath, scientist and writer, amongst whose discoveries were the atmosphere of Venus and the law of conservation of mass in chemical reactions.

Thereafter, six more universities were opened in Russian cities over the next eighty years. The next was in Dorpat (now Tartu in Estonia) in 1802, followed by Vilnyus (in Lithuania) in 1803. The following year universities were founded in Kazan (Tatarstan), and Kharkov (Ukraine), then in St. Petersburg (Russia) in 1819, and in Kiev (Ukraine) in 1834.

The idea of establishing a network of universities in Russia dates back to the reign of Catherine the Great (1729-1796), who was Empress of Russia from 1762 until 1796. The organization of secondary and higher public education in the Russian Empire began in the same period. By the end of Catherine's reign some 223 educational institutions had been established in Russia.

In accordance with the Charter of Educational Institutions published on 5 November 1804 – eight years after Catherine's death – educational districts and universities were initiated across Russia. A total of six districts were formed, including the Kazan educational district. This covered a vast area; it included the territories covering the eastern provinces of the central zone of the European part of Russia; all its eastern provinces; the North Caucasus; and Western and Eastern Siberia.

The Kazan educational district consisted of fourteen regions, spread over a vast geographical area. They extended from Kazan and Nizhniy Novgorod in the west; to Tambov, Penza, Caucasus (Stavropol) and Astrakhan in the south; and to Saratov, Orenburg, Simbirsk, Viatka, Perm, Tobolsk, Tomsk and Irkutsk in the east. Each region was under the control of a governor.

Universities were opened in all these towns to provide higher education in each district. Primary and secondary schools were provided in the towns of each region, along with gymnasiums and rural parish schools.

In 1804 a Charter and Affirmative Letter were granted to the Imperial Kazan University.[2] According to the Charter four faculties were formed, one of which was a Division of Medical Sciences. This consisted of six departments, one of which was a Department of

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Chemistry, Technology and Pharmacy. When this department was opened, twenty-eight sub-departments were created, each with its own professor.

The rector and the deans were elected for a period of one year. According to the Charter, the Imperial Kazan University had to have twenty-eight professors, twelve junior scientific assistants, three lecturers or teachers of the French, German, and Tatar languages, and three teachers of arts for entertainment and gymnastic exercises. In 1815 the number of students enrolled at the University was sixty-two. However, only three of these studied in the Medical Division.

Figure 1. *Imperial Kazan University 1866-1870. (Source: Photograph by G. F. Locke, in Tukhbatullina, RG. and Kuznetsova, AM. Kazan pharmacists. (Note 3) 2009: 33)*

The start of pharmaceutical education in Russia

Paragraph 73 of the Charter provided for the opening of a library, a physics laboratory, an astronomical observatory, a natural history study room, a botanical garden, an anatomy theatre, institutes of clinical research, surgery and maieutics (philosophical methods), and a chemical laboratory. A pharmaceutical laboratory, a pharmacognostic study room, and a pharmacy were established only by the late 1820s. The Medical Faculty was finally formed on 5 July 1814, and the teaching of pharmacy was introduced in the third year of the Medical Faculty, whilst the total training period for pharmacy was four years.[3]

However, it should be noted that, according to archival documents, in the 1824-1825 academic year the schedule included no pharmaceutical disciplines; their teaching was revived only later. During the period between 1837 and 1858 the 'Pharmaceutical Department' was known as the 'Department of Pharmacy'.

In the period from 1837 to 1852, Karl Karlovich Klaus (also known as Karl Ernst Claus) worked at the Pharmaceutical Department of the Division of Medical Sciences at the Imperial Kazan University (Figure 2). Klaus was an enthusiastic botanist and he took part

Figure 2. *K. K. Klaus 1796-1864 (Source: Tukhbatullina, RG. and Kuznetsova, AM. Kazan pharmacists. (Note 3) 2009: 36)*

in many expeditions.[4] He was also the owner of 'the best pharmacy in Kazan'. In 1837 he became a junior scientific assistant at the Department of Medical Herbs, Pharmacy and Medical Literature. In 1839 he was made a visiting professor of pharmacy, and in 1844 he was made a full professor of pharmacy. After 1854 he became an honorary member of the University. He was also head of the chemical laboratory at the university. The achievements of K.K. Klaus include the discovery of the chemical element ruthenium (Ruthenia translated into Russian means 'Russia').

At different time periods in the various departments of the university, a large number of distinguished Russian and international scientists have contributed to the teaching; at the Kazan University students listened to lectures by scientists who later became well-known around the world.

These included L.L. Fogel and M.P. Sergeev, and other key figures who taught pharmacy subjects.

Alexander Mikhaylovich Butlerov (1828-1886) (Figure 3) was a Russian chemist, who was one of the principal creators of the theory of chemical structure. He was the first to incorporate double bonds into structural formulas, and was the discoverer of hexamine and formaldehyde in 1859.[5]

Nicholay Nikolaevich Zinin (1812-1880) (Figure 4) studied at the University of Kazan where he graduated in mathematics, but he started teaching chemistry in 1835.[5] To improve his skills he was sent to study in Europe for some time, which he did between 1838 and

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Figure 3. *A. M. Butlerov 1828-1886 (Source: Tukhbatullina, RG. and Kuznetsova, AM. Kazan pharmacists. (Note 3) 2009: 40)*

Figure 4. *N. N. Zinin 1812-1880 (Source: Tukhbatullina, RG. and Kuznetsova, AM. Kazan pharmacists. (Note 3) 2009: 40)*

1841. He studied with Justus Liebig in Giessen, where he finished his research on benzoin condensation, which had been discovered by Liebig several years before.

More recently V.V. Nikolaev has made an invaluable contribution to the development and growth of pharmaceutical education at the University of Kazan

Figure 5. *V. V. Nikolaev 1871-1950 (Source: Tukhbatullina, RG., Galeeva, ZM. and Kuznetsova, AM. Pharmacy: events, facts, people. (Note 6) 2010: 131)*

(Figure 5). Vladimir Vasilievich Nikolaev graduated with honours from the Faculty of Medicine of Kazan University in 1895. Whilst still a student, he discovered that the vagus nerve in the heart has two sensory ganglia, the superior and inferior ganglia. In 1905, as a supernumerary laboratory assistant at the Department of Pharmacology, as a doctor of medicine and as a private assistant professor, Nikolaev was appointed to teach pharmacy. He lectured on alkaloids and glycosides and conducted relevant practical training.

In 1919 he set up the Kazan Scientific Society of Pharmacists, and he remained its head until 1925. He co-authored and edited the State Pharmacopoeia: publications VII (1925) and VIII (1946). He also acted as executive editor to the journal *Pharmacy and Pharmacology*. Vladimir Nikolaev's academic writings laid down the fundamental background for the pharmaceutical industry in Russia, and made an important contribution to assessing the quality of drugs. His works on medicinal plants laid the basis for scientific phytotherapeutic medicine.[6]

In 1863 the Pharmaceutical Department at the Imperial Kazan University was divided into two sub-departments: the Department of Experimental Pharmacology, and the Department of Theoretical Pharmacology, which was later transformed into the Department of Pharmacognosy and Pharmacy. According to an Order of the Ministry of Public Education on 17 February 1865, the Medical Faculty was divided into two divisions, designated as medical and pharmaceutical. Studying in the Pharmaceutical Department was mandatory for all medical students.

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It should be noted that after 1813 scientists did not abandon the idea of creating a Medical Institute at the University, but the solution to this issue was delayed for many years.

Pharmacy education in the twentieth century

Due to the poor attendance of Medical Division students at lectures in pharmacognosy and pharmacy in 1907, a proposal to re-organize pharmaceutical education with a three-year course of study was presented at the scientific Council of the Faculty. This would involve the separate teaching of pharmaceutical disciplines to medical students and pharmacists, and would help address the problem of how to enable pharmacy to proceed in an independent direction. But this proposal was not approved, and teaching continued unaltered until 1915.

However, during the First World War there was a shortage of specialists with the knowledge needed to develop the pharmaceutical industry in Russia. On 3 September 1915, by the order of the Ministry of Public Education, chemical and pharmaceutical courses for the scientific training of chemists-pharmacists were opened at the Physical and Mathematical Faculty. In August 1919 the first provincial Congress of Physicians was held in Kazan. During this meeting the important issue of the training of specialists for pharmaceutical institutions was discussed.

The resolutions of the Congress indicated the necessity of opening a separate School of Pharmacy at the Kazan State Medical University in the autumn of 1919. The Congress also resolved 'to create a class of pharmacy workers for simple pharmacy work, for these reasons to open a special school in Kazan with a 2-year course for their training'. In 1921 the first Kazan pharmaceutical school was opened, but the issue of the organization of the Faculty of Pharmacy at the University had not been resolved. In 2013 the Kazan Pharmaceutical School became part of the Kazan State Medical University.

In 1930 the Medical Faculty of the Imperial Kazan University was transformed into the Kazan Medical Institute, and in 1994 the status of University was granted. The opening of the Faculty of Pharmacy at the Kazan State Medical Institute finally took place in 1975. Currently the Faculty of Pharmacy is not the only centre for the education of pharmacists in the Republic of Tatarstan. Pharmacy education is also provided by the Institute of Fundamental Medicine and Biology within the Kazan Federal University (formerly the Imperial Kazan University).

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Major accessions to repositories in 2018 relating to pharmacy and medicine

The National Archives, Kew, London

There has been a slight delay in publishing data on major accessions to repositories in 2018, as The National Archives (TNA) are moving to a new system which will facilitate input and analysis of collections information. The 2018 accessions pages will be published shortly on the TNA website, but most of the data is already available through their online catalogue, *Discovery*.

This Documents and Sources note provides a digest of 2018 new accessions which may be of interest to pharmaceutical historians. However, researchers should be aware that not all of the data has been finally edited by TNA, and the list may not be entirely complete. The final version will be available at http://www.nationalarchives.gov.uk/accessions/.

Researchers should also be aware that, in addition to the 'Pharmacy and Medicine' digest, some material relevant to pharmaceutical chemistry and pharmaceutical technology may be found in the 'Science, Technology, Engineering, and Mathematics Research' digest.

Major accessions to repositories in 2018 relating to pharmacy are as follows:

LOCAL

Bath Record Office

Professional medical recipe book with instructions for the creation of a large number of cures, owned by Randle Wilbraham Falconer (1816-1881), medical writer c.1775-1800 (1276).

City of Westminster Archives

Wallace Heaton (City Sale) Ltd, photographic chemists: minute book of Board of Directors, share certificates, register of members 1918-1984 (2970).

Dorset History Centre

Weymouth Dispensary: committee minutes 1838-1862 (D-3083).

Essex Record Office

Robert Edward Chatfield (b.1845), manufacturing chemist: garden record book for Woodlands at Sewardstone and for a garden in Fulham 1884-1918 (D/DU 1510).

Sheffield City Archives

Job Preston Ltd, chemists: records including account book 1887-1890s (X833).

Warwickshire County Record Office

Chapel End Chemist, Nuneaton: prescription book 1951-1975 (CR 4972).

West Yorkshire Archive Service, Bradford

Harrison, Parkinson & Co, chemists: business records 1833-1870 (WYB771).

West Yorkshire Archive Service, Leeds

Leeds and District Branch of the Royal Pharmaceutical Society of Great Britain: records including minutes 1874-2010 (WYL2565).

NATIONAL

Imperial War Museum

Frederick William Boyer (fl. 1940-1949), pharmaceutical firm sales director: notebooks (12) containing a daily journal including illustrations 1940-1949 (Documents 27267).

Jersey Heritage Trust Archive

FG de Faye (Chemist) Ltd, Jersey: records including prescription registers and records relating to predecessor businesses c.1870-1910 (JA/3294).

SPECIAL

Royal London Hospital Archives

Queen Elizabeth Hospital for Children, Shadwell: East London Hospital for Children and Dispensary for Women annual report 1931 (RLHT2018/155).

Royal London Hospital: Nursing Office records, including ones relating to drug administration, the Salmon Report, pay, sterile supplies, nursing administration (RLHG2018/43).

Ligature Department album showing manufacture of catgut c.1940 (RLHT2018/48).

St Bartholomew's Hospital Archives

Christopher Rice Pyle (fl. 1930-1932), clerk of works: drawings and blueprints for patented medical equipment c.1930-1932 (SBHG2018/19).

St Bartholomew's Hospital, London: pharmacopoeia and staff photographs c.1900 (SBHG2018/02).

Wellcome Collection

'Remarques curieuses sur divers sujets des prediction curieuse sur la fertilite et sterilite de chaque anne pendant les siecles', ms incl astrological treatise for predicting harvest and a book of predominantly medical receipts and secrets c.1740 (MS.9290).

'Elixir de longue vie', ms, in French, medical receipt for an elixir for a long life c.1800. (MS.9289).

UNIVERSITY

Cambridge University Archives

Erasmus Darwin (1731-1802), physician, botanist and poet: memoirs of a journey to Edinburgh from Elston 1753 (MS DAR 267/70).

Edinburgh University Library Special Collections

Persian manuscript on medicine, entitled Kitab al-'ilal wa al-amrad 1877 (SC-Acc-2018-0034).

University College London Special Collections

David Colquhoun (b.1936), pharmacologist: papers relating to work, research, correspondence and publications c.1970-2015 (COLQUHOUN).

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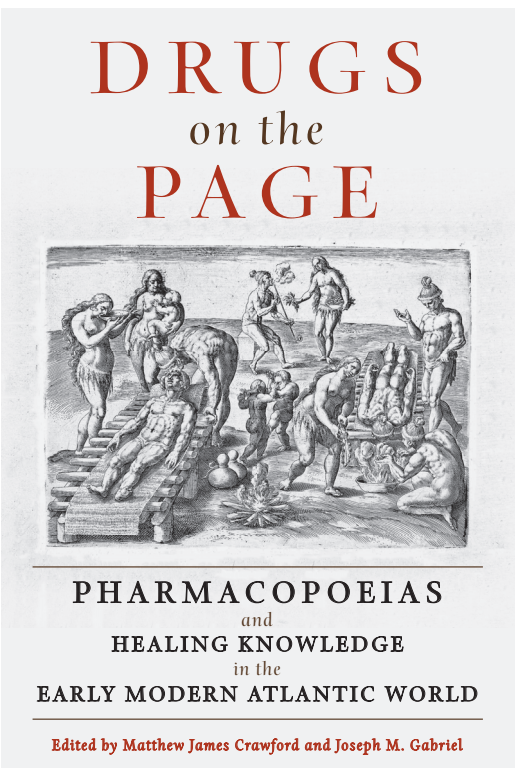
BOOK REVIEW

Drugs on the Page: Pharmacopoeias and Healing Knowledge in the Early Modern Atlantic World

Edited by Matthew James Crawford and Joseph M. Gabriel

Pittsburgh, Pa: University of Pittsburgh Press, 2019. Pp. ix + 374, Hardback, price $50.00. ISBN 9780822945628.

Reviewed by Anthony C. Cartwright



From early times physicians and medical writers have sought to systematise knowledge about drugs and pharmaceutical dosage forms, and the ways in which they are to be made. Texts appeared firstly as herbals and formularies - medical texts from individual authors. They then started evolving into pharmacopoeias – representing the collective knowledge of a medical tradition by a group of physicians and others in a particular society or culture.

One of the earliest texts was the *Nuovo Receptario Fiorentino* of 1498, a compilation of medicines approved by the College of Physicians of Florence. It was mainly drawn from the works of earlier Greek and Arabic authorities such as Galen, Mesue, Niccholao and Avicenna. This book served as a model for regional and national pharmacopoeias in Europe and the Americas. Gradually the 'official' pharmacopoeias acquired the authority of a monarch or state, and were produced by an official body and made legally obligatory for physicians and pharmacists.

Drugs on the Page comprises a series of twelve essays with an introduction by the editors, and an afterword by Pablo Gómez. It is based on presentations made at a workshop at the University of Madison-Wisconsin School of Pharmacy in April 2016. It is divided into four parts: 'Pharmacopoeias and Textual Traditions'; 'Pharmacopoeias and Codification of Knowledge'; 'Pharmacopoeias and the Construction of New Worlds'; and finally 'Pharmacopoeias and the Emergence of the Nation'. There are three essays in each part.

In the first part Paula de Vos traces the development of texts in the Galenic tradition from their origins in ancient Greece and Rome through the medieval Arabic world to European formularies, and particularly those of Spain. The Spanish influence spread and the *Pharmacopoeia Matritensis* developed by the Royal College of Apothecaries in Madrid was the standard pharmacopoeia for the Spanish Empire. Royal decrees stipulated that apothecaries throughout the Empire keep a copy in their premises.

Emily Beck, writing about the *Nuovo Receptario Fiorentino,* shows the changing focus of Italian medicine from Arabic authorities to classical and Italian authorities, and an adjustment of recipes to local practice. In 1739 the *Pharmacopoeia Matritensis* became official as an Imperial Pharmacopoeia throughout Spain's territories. In the third chapter, Matthew Crawford shows how locally available materials could be substituted for the official ones described in the text, and the adoption of imported American materials such as cinchona bark.

In the second part Justin Rivest explores the different types of medicines available in early modern France – officinal, magistral and secret. His essay is illustrated using the example of *orviétan*, a secret remedy of the Contugi family, the formula for which was eventually published in eight European pharmacopoeias. Orviétan was promoted as a remedy for all poisons from snake venom to rabid dog bites, diseases like plague and smallpox, and also lesser conditions such as colic and digestive problems.

Timothy Walker in his essay explores the contribution of India's and Brazil's unique flora to the colonial Portuguese medical culture. In the last chapter in this section William Ryan considers how Sir Hans Sloane's interest in New World nature influenced his work as editor of the *Philosophical Transactions* and the 1721 *London Pharmacopoeia*.

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In the third part Benjamin Breen considers why African herbal drugs, unlike those from the Americas, did not gain a significant foothold in European medicine. Christopher Parsons then describes how the northern maidenhead fern, the *Capillaire du Canada,* became a pharmaceutical commodity in France as part of the network of pharmaceutical trade.

Kelly Wisecup's essay, chapter 9, is reprinted from *Early American Studies*. It describes a herbal entitled *Herbs & Roots* produced in 1756 by Samson Occam, a Mohegan (a Native American tribe historically based in present-day Connecticut) which included remedies for disorders ranging from sore throat and broken legs to syphilis.

In the first chapter of the final part, Stuart Anderson describes the origins of the *London*, *Edinburgh* and *Dublin Pharmacopoeias* in the period 1618 to 1807, and how they were all developed against a background of political and religious turmoil. The books were written at a point in time when Galenic orthodoxy was clashing with Paracelsus's ideas about chemical therapeutics. National identity, medical politics and local traditions all played a part in shaping the pharmacopoeias.

Antoine Lentacker then describes the role of the French *Codex Medicamentarius* in codifying the usages of French pharmacy so that the composition of medicinal products would be legally defined. Lentacker makes the curious claim that the role of pharmacopoeias shrank as the new drugs manufactured in factories displaced those made in pharmacies (in reality the pharmacopoeias have gone on to provide publicly available standards for manufactured medicines). Finally, in chapter 12, Joseph Gabriel reviews the role of Indian secrets and cures in North American medicine, and how some came to be incorporated as new drugs into the *United States Pharmacopoeia*.

A criticism of this book it is that quality is not mentioned when – as the various contributions show – so many drugs were imported in trade from across the world, and their quality was highly variable. Adulteration and counterfeiting of drugs occurred from the earliest times. Dioscorides, Pliny and Galen all used sense-perceptions (organoleptic tests of appearance, smell, taste) to detect adulteration, together with defining the method of collection, part of the plant to be used and geographic origin. Flame tests and density were also used.

Modern pharmacopoeias are mainly concerned with defining the quality of drugs and manufactured dosage forms so that they are suitable for their intended medicinal purpose. The transition to a focus on the quality of medicines and its assessment in pharmacopoeias was a gradual one, but it had its origins in the early modern period. Tests for impurities and adulterations were introduced into the 1836 *London Pharmacopoeia,* but earlier pharmacopoeias also concerned themselves with quality.

The impetus to produce pharmacopoeias was all about the attempts of medical elite groups to regulate the trade in medicinal substances and to define how they are compounded into specific remedies. This book demonstrates that as European empires developed and expanded, the pharmacopoeias had to cope with the challenge of adapting to local colonial circumstances, and also with utilising new materia medica coming from Asia and the Americas.

The pharmacopoeias are all about creating order and structure to the available lists of medicines and dosage forms to create codified knowledge. This book is an essential reference text for anyone interested in how pharmacopoeias developed in the early modern world, connecting different geographies, cultures and traditions.

The references appear as endnotes collected in chapter order at the end of the book, followed by a bibliography of archival sources and further reading. Brief autobiographical details on each of the authors of the essays are given at the end of the book.

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